

COMMONWEALTH OF KENTUCKY

JUSTICE & PUBLIC SAFETY CABINET



2012 COMBINED ANNUAL REPORT

KENTUCKY OFFICE OF DRUG CONTROL POLICY

-AND-

KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY

J. Michael Brown, Secretary
Justice & Public Safety Cabinet

Van Ingram, Executive Director
Office of Drug Control Policy
February 2013



STEVEN L. BESHEAR
GOVERNOR

COMMONWEALTH OF KENTUCKY
OFFICE OF DRUG CONTROL POLICY
JUSTICE AND PUBLIC SAFETY CABINET

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VAN INGRAM
EXECUTIVE DIRECTOR

February 1, 2013

The Honorable Steven Beshear, Governor
The Honorable Jerry Abramson, Lt. Governor
Commonwealth of Kentucky
The State Capitol
Frankfort, Kentucky 40601

Dear Governor Beshear and Lt. Governor Abramson:

Since the establishment of this office on July 9, 2004, by Executive Order 2004-730, we have been responsible for all matters relating to the research, coordination and execution of drug control policy for the Commonwealth, while directing state and federal grants management that focus on prevention/education, enforcement and treatment efforts.

The ODCP is proud to coordinate Kentucky's response to substance abuse through prevention, treatment and law enforcement. Our goal is to change the way substance abuse is handled in Kentucky and reduce the problem, making the Commonwealth a model for other states.

We continue to work toward significant goals that will strengthen our position to fight drugs in our state through innovative partnerships, technology and leadership.

This report focuses on the 2012 accomplishments of ODCP and the Kentucky Agency for Substance Abuse Policy (KY-ASAP) and the advances of other major partners in the drug abuse system. We continue to strengthen our partnerships within our Cabinet, Cabinet for Health and Family Services, Kentucky Attorney General Jack Conway, Environmental and Public Protection Cabinet, and across the state with coalitions and local boards, the law enforcement community, substance abuse treatment providers, prevention agencies and other stake holders.

We have joined prevention, treatment and law enforcement in a united effort to confront this epidemic and we have made great strides. As we plan for the future, we know the success of our initiatives depends on the involvement and support of our communities. We must tap into the resources of our families, local leadership and citizens to help reach our goals.

Although there is much to do on the substance abuse front, we have only just begun to make progress and will continue to do so with your support and that of the General Assembly.

Sincerely,

Van Ingram
Executive Director

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Executive Summary

During the 2006 General Assembly, the Office of Drug Control Policy was enabled as the result of the reorganization of the Justice and Public Safety Cabinet. The enabling legislation designates the Office of Drug Control Policy to be responsible for all matters relating to the research, coordination, and execution of drug control policy and for the management of state and federal grants including but not limited to the prevention and treatment related to substance abuse. *By December 31 of each year, the Office of Drug Control Policy shall review, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all substance abuse programs which are principally related to the prevention or treatment, or otherwise targeted at the reduction of substance abuse in the Commonwealth.*

This report is intended to fulfill the statutory obligation listed above.

As this report reflects there are many ongoing projects throughout state government attempting to prevent and diminish substance abuse.

The majority of the programs are administered by the Division of Mental Health and Substance Abuse in the Cabinet of Health and Family Services. There are prevention and enforcement programs throughout the Justice and Public Safety Cabinet as well as the Alcoholic Beverage Control division. This report highlights the successful ongoing efforts of the Kentucky Agency for Substance Abuse Policy, law enforcement, and all other state agencies addressing substance abuse crisis.

Overarching Themes

Core Principles

- Coordination of federal, state and local government efforts is essential for effectiveness
- Collaboration and communication among key stakeholders and agencies is vital for success
- Mobilizing community initiatives is effective in addressing substance abuse
- Utilizing multiple funding streams yields improved results
- Treatment, when available, works in healing lives, families and communities
- Preventing the onset of alcohol, tobacco and illicit drug use among youth is paramount to the reduction of demand

Overarching Goals

- Establish multi-jurisdictional enforcement efforts that contain a local, state and coordinate, and when possible, integrate publicly funded prevention, treatment and enforcement efforts
- Reduce the demand for prescription & illicit drugs in Kentucky
- Reduce the supply of prescription & illicit drugs in Kentucky
- Promote the implementation of evidence-based strategies that target youth and adults
- Reduce the stigma associated with alcohol and drug addiction
- Promote safer communities and family stability
- Promote and support legislative efforts to address and fund alcohol, tobacco and other drug use/abuse initiatives
- Increase access to substance abuse treatment

Trends

Prescription drug abuse is ravaging our state and has become an epidemic. It is an insidious disease, and one of the largest threats to productivity and health in our communities. A recent report from the Kentucky Department for Public Health showed that more Kentuckians die from prescription drug overdoses than from car accidents. Our medicine cabinets are deadlier than our highways.

Every year, people find new and often very dangerous ways to get high.

Abuse and deaths are skyrocketing. Kentucky trends are distressing. We need more prevention, intervention and treatment services.

Epidemiologists study the origins, spread and control of diseases, in a public health model. In the field of substance abuse, they track changes in patterns of drug use, including the incidence and prevalence of the use of specific drugs, characteristics of users and emerging trends.

In addition to intentional abuse of prescription drugs, closer to home we see the following trends in Kentucky:

Domestic production of methamphetamine is back on the rise across the nation and Kentucky is no exception. There were over 1200 clandestine labs in Kentucky in calendar year 2012.

Heroin availability is increasing in certain urban areas, such as Louisville and the Northern Kentucky Region.

	2010	2011	2012
Central	18	49	147
Eastern	9	19	96
Jefferson	115	196	463
Northern	278	490	601
Southeastern	11	14	32
Western	2	11	10
TOTAL	433	779	1349

Cocaine remains a major threat in urban areas.

Drug trafficking organizations headed by Mexican Nationals continue to flourish in many parts of Kentucky.

The Kentucky legislature has passed laws during the past two years that banned synthetic drugs such as K2 or Spice, a synthetic marijuana; and MDPV, a type of synthetic drug that is similar to methamphetamine and is commonly sold as bath salts.

Experts don't know exactly why the non-medical use of prescription drugs is increasing among teens. According to the national household survey, abuse of prescription pain relievers is second only to marijuana use.

The availability of drugs is probably one reason. Doctors are prescribing more drugs for more health problems and online pharmacies make it easy to get prescription drugs without a prescription, even for teenagers. Vicodin, OxyContin and Xanax are among the drugs that are most likely to be abused.

The primary reasons for abusing prescription pain relievers are their widespread availability and easy access.

Many teens also believe they are safer than street drugs, that painkillers are not addictive and that there is less shame attached to using prescription drugs as compared to using drugs like heroin or cocaine.

Synthetic Drugs

On December 18, 2012 Governor Beshear signed emergency regulations to place newly identified synthetic cannabinoids under schedule 1 of the Kentucky Controlled Substances Act.

The Kentucky Office of Drug Control Policy, in collaboration with the Kentucky State Police Crime Lab, identified new synthetic cannabinoids that were not listed in statute as Schedule 1 substances, and requested the Cabinet for Health and Family Services to use its authority to classify the chemicals as Schedule 1 substances.

Also under the law, drug forfeiture laws that apply to other illegal substances could be used to prosecute people who sell synthetics. Retailers could be fined twice the amount of profit they made from selling the products, and those convicted of selling the drugs could lose their liquor licenses.

It looks like dried herbs, it is packaged and sold as incense however when smoked the effect is strikingly similar to Marijuana. It is called K2, MOJO, Black Magic, Blue Lotus, Spice, and scores of other names. It is marketed on the internet and in tobacco shops and convenient stores across the Commonwealth.

Synthetic marijuana, sold as K2 or Spice, is an herbal substance sold as an incense or smoking material that remains legal in most of the country. The products contain one or more synthetic compounds that behave similarly to the primary psychoactive constituent of marijuana, $\Delta 9$ -tetrahydrocannabinol or THC.

Synthetic marijuana is a plant-like material laced with chemicals that produce the same high as natural marijuana – Flowers & Herbs is an example. Bath salts are usually powdery substances that users smoke or snort and can produce the same high as cocaine and can be sold in packages labeled Good Luck Powder.

“Hollywood”, a form of bath salts, looks like cocaine; however, is far worse than cocaine, and is a substance that is labeled as an energy powder.

Bath salts have been known to cause increased heart rate, hallucinations, brain damage and kidney failure. Some reports say it can also be as addictive as methamphetamine.

Law Enforcement – Drug Task Forces

Kentucky's law enforcement community continued to perform at a high level during 2012. The Office of Drug Control Policy was instrumental in bringing law enforcement agencies together to share intelligence, resources and collaborate on significant drug investigations.

The Kentucky Justice and Public Safety Cabinet also provides grant funding for 12 multi-jurisdictional drug task forces. During 2012, standards, model policies and best practices for drug task force operations continued to be evaluated and reviewed and ensure program compliance. The Office of Drug Control Policy in conjunction with the Grant's Management Branch, conducted annual audits and on-site inspections with all grant recipients and ensure program compliance.

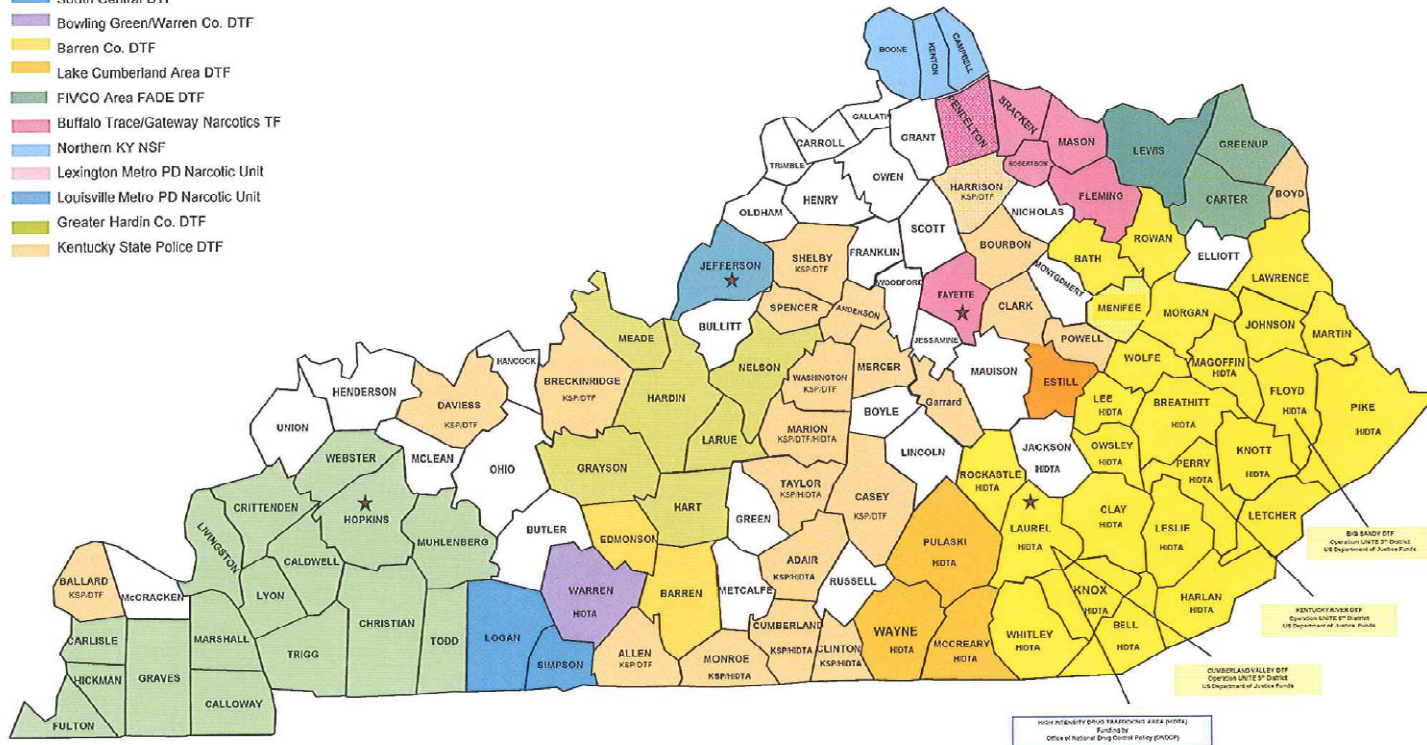
Many of Kentucky's police departments and sheriff's offices conduct drug investigations on a daily basis. Although they may not be part of a formalized drug task force, there is still a great deal of collaboration and cooperation that occurs between federal, state and local agencies. Many local law enforcement agencies have detectives assigned exclusively to formalized drug task forces. This section highlights the agencies and their contributions to drug enforcement.

Kentucky's Drug Task Forces have been instrumental in reducing the manufacturing of methamphetamine in rural and urban areas, reducing the illegal distribution of prescription drugs and the growth and distribution of marijuana.



Kentucky Drug Task Force Regions

- Pennyrile Narcotics TF
- South Central DTF
- Bowling Green/Warren Co. DTF
- Barren Co. DTF
- Lake Cumberland Area DTF
- FIVCO Area FADE DTF
- Buffalo Trace/Gateway Narcotics TF
- Northern KY NSF
- Lexington Metro PD Narcotic Unit
- Louisville Metro PD Narcotic Unit
- Greater Hardin Co. DTF
- Kentucky State Police DTF



★ **US Department of Justice
Drug Enforcement Administration**
 Louisville District Office – Jefferson County
 Lexington Resident Office – Fayette County
 London Resident Office – Laurel County
 Madisonville Post Of Duty – Hopkins County

Office of Drug Control Policy
 Revised 12/2009

Law Enforcement – Partnerships

The Office of Drug Control Policy has many partners at the state, local and federal levels of enforcement. Without effective partnerships, the drug enforcement initiatives would suffer in efficiency. The opportunity to share manpower, information and resources is invaluable to successful operations. The ODCP works very closely with all of the partners listed below.

●**Drug Enforcement Administration**

The United States Department of Justice, DEA is the primary federal law enforcement agency in the United States charged with enforcing federal narcotic laws.

●**Appalachia HIDTA**

Appalachia HIDTA (High Intensity Drug Trafficking Area) was designated in 1998 through ONDCP. Since then, participating agencies from the 68 HIDTA counties in Kentucky, Tennessee and West Virginia have worked together to coordinate drug suppression activities. Kentucky has 27 of the 68 HIDTA counties.

●**Multi-Jurisdictional Drug Task Forces**

The Office of Drug Control Policy oversees and, in part, funds the network of 12 drug task force program across the Commonwealth. Drug Task Forces currently cover 61 counties and serves 2.7 million citizens.

●**Kentucky State Police Methamphetamine Response Program**

KSP continues to be the lead law enforcement agency in the Commonwealth instrumental in the dismantling of clandestine methamphetamine laboratories. KSP has also provided funding, training, equipment, supplies and overtime to certified clan lab response personnel on state, county and local levels.

●**Governor's Marijuana Strike Task Force (Kentucky State Police Marijuana Suppression Program)**

Kentucky is one of the top source states for the cultivation of very high quality domestic marijuana. This marijuana is a contributory factor for its desirability as an export product. In attacking a drug problem that affects an entire region of the nation, Kentucky's Marijuana Suppression Program has become an integral part of the National Drug Strategy and as such, has continued to receive nationwide acclaim.

●**Kentucky State Police Rural Drug Suppression Program**

The Rural Drug Suppression Program of the Kentucky State Police is comprised of at least one detective from each of the 16 State Police posts from around the state who conduct street level narcotic enforcement within the post area. In addition, detectives from Drug Enforcement Special Investigation East and West Sections are also assigned to the program as needed. KSP detectives work cooperative narcotic investigations with most local agencies within their post areas as well as federal law enforcement agencies who may adopt state cases for federal prosecution.

●**Alcoholic Beverage Control**

ABC is charged to protect the public welfare and interest by regulating the alcohol beverage industry. The enforcement, education and legal divisions of ABC oversee: licensing, provide training to people employed in the alcoholic beverage industry and enforce the laws and regulations of the Commonwealth pertaining to alcohol and tobacco violations. The enforcement and education divisions have also partnered in a new awareness program to prevent access and use of alcohol and tobacco products by minors.

●**Kentucky Attorney General Jack Conway**

Working closely with federal, state and local law enforcement officers, the Drug Investigations Branch is tasked with helping combat illegal drug abuse in Kentucky communities. The primary focus for the Drug Investigations Branch include:

diversion of prescription drugs — illegal distribution, abuse, or unintended use of prescription drugs

"doctor shopping" — individuals receiving prescriptions for the same drug from more than one doctor during the same time period or presenting false symptoms to multiple doctors in order to receive prescription medications

over-prescribing — physicians who routinely prescribe more of a drug than is required by the diagnosis; this usually indicates that a doctor or pharmacist is writing prescriptions for personal gain or non-medical purposes

theft of prescription drugs

illegal sale of prescription pain pills - the Drug Investigations Branch has also been instrumental in the state-wide effort to fight online and illegal out of state pharmacies.

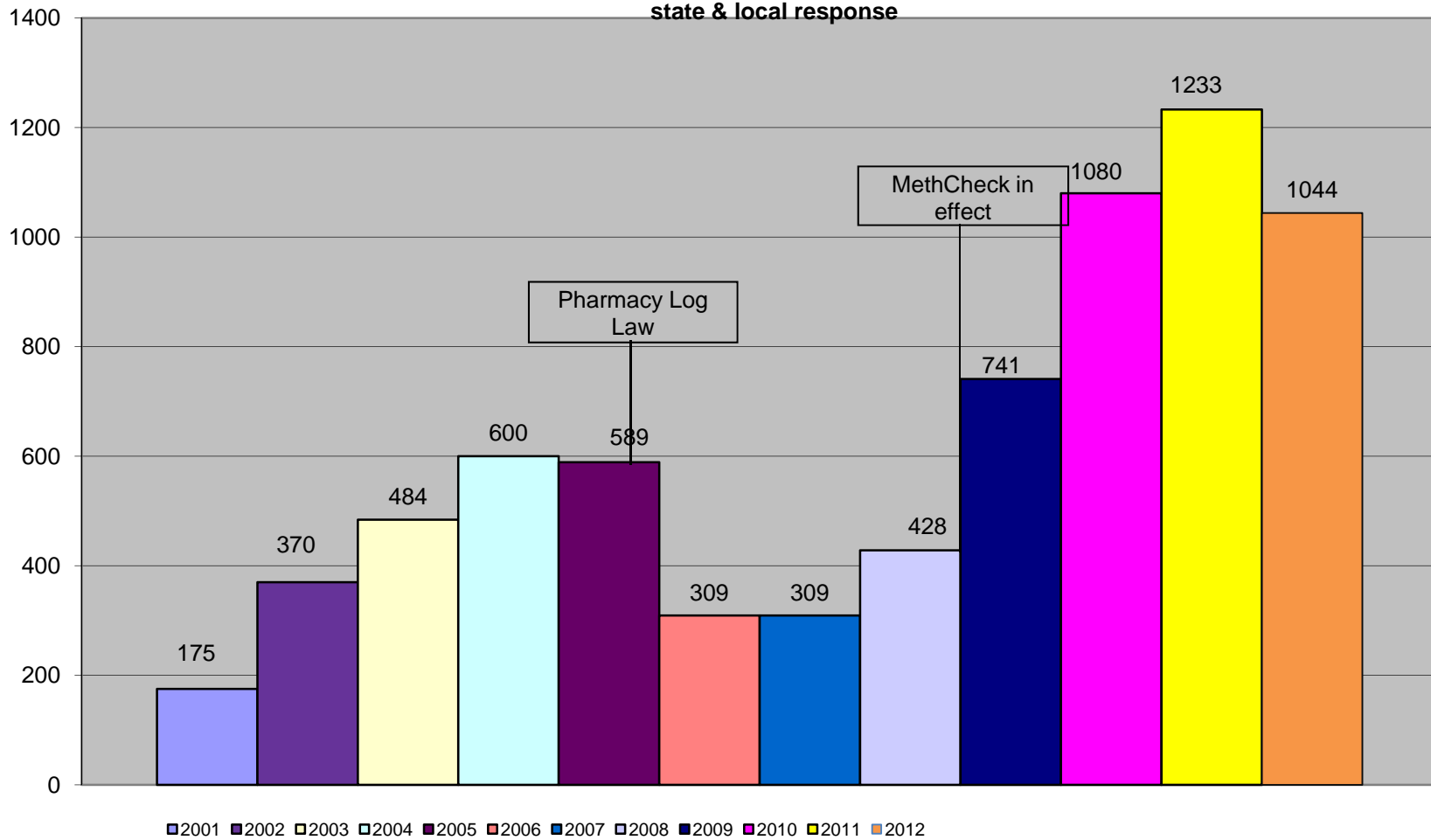
Law Enforcement – MethCheck

On July 10, 2007 the Kentucky Department of Corrections expanded a contract they held with APPRISS, a Louisville based company to provide the statewide VINE, JusticeXchange system. The contract included a pilot program to electronically monitor the sales of pseudoephedrine (PSE) in pharmacies in Laurel County, Kentucky. After two years of study, a revision of the original contract was approved by Finance and this program went into effect statewide on June 1, 2008. This project is a partnership between the Office of Inspector General Professional Standards Branch and the Cabinet for Health and Family Services and the Kentucky Office of Drug Control Policy. Funding for the first year of this project was provided by the KASPER program.

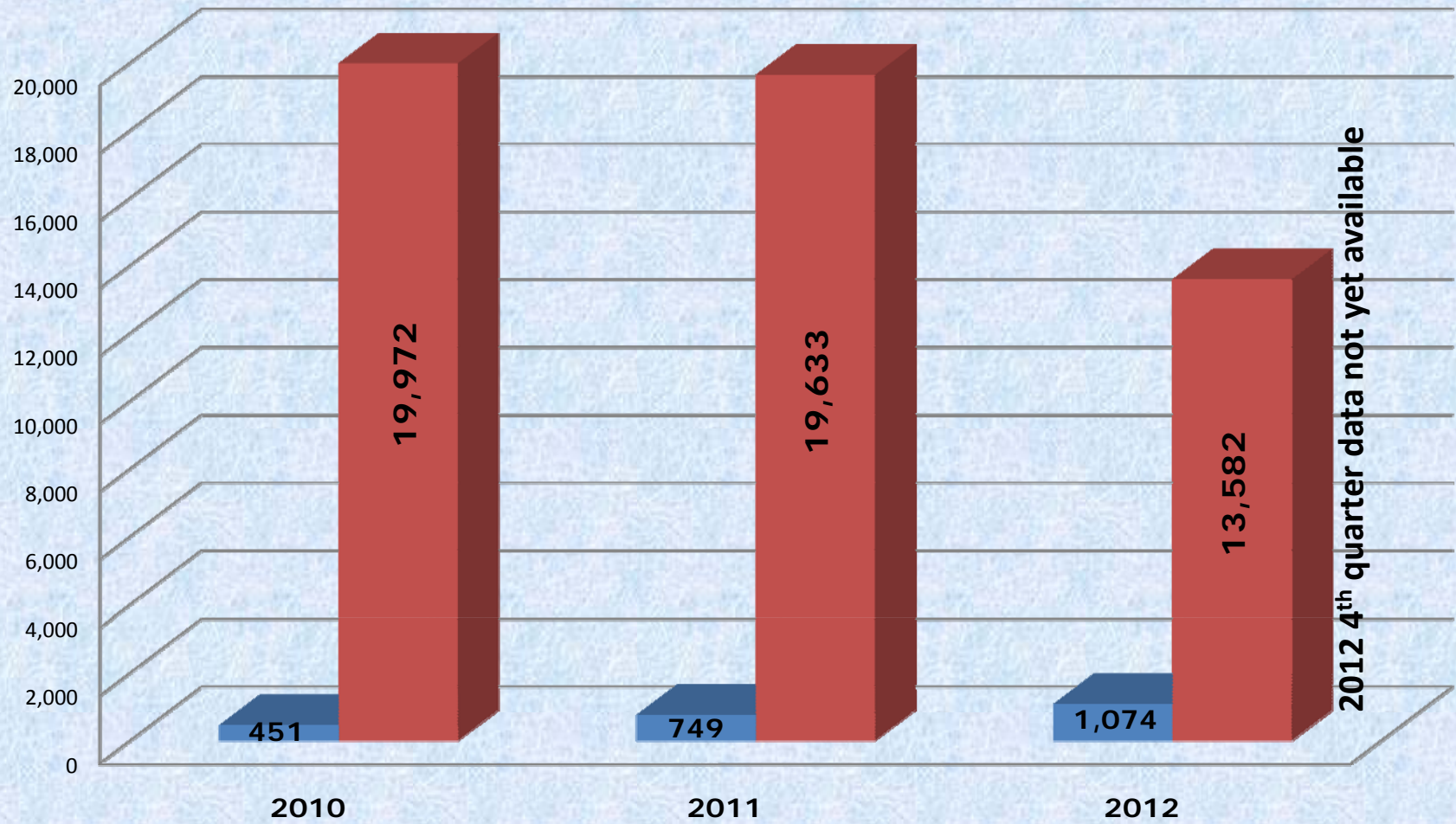
Kentucky became the second state to implement a real-time statewide electronic monitoring system capable of blocking the sale of pseudoephedrine products to individuals in violation of purchasing more than 9 grams in 30 days. It also provides 24/7 access to law enforcement officers conducting investigations on individuals suspected of violations of PSE restrictions. The Office of Drug Control Policy is required to respond to calls from pharmacies and customers during regular business hours. In the first 7 months of operation the system blocked over 10,000 attempts to violate PSE restrictions resulting in over 30,000 grams of PSE kept out of the hands of potential meth cooks.

In 2012, The Office of Drug Control Policy assisted 282 pharmacies and 459 customers.

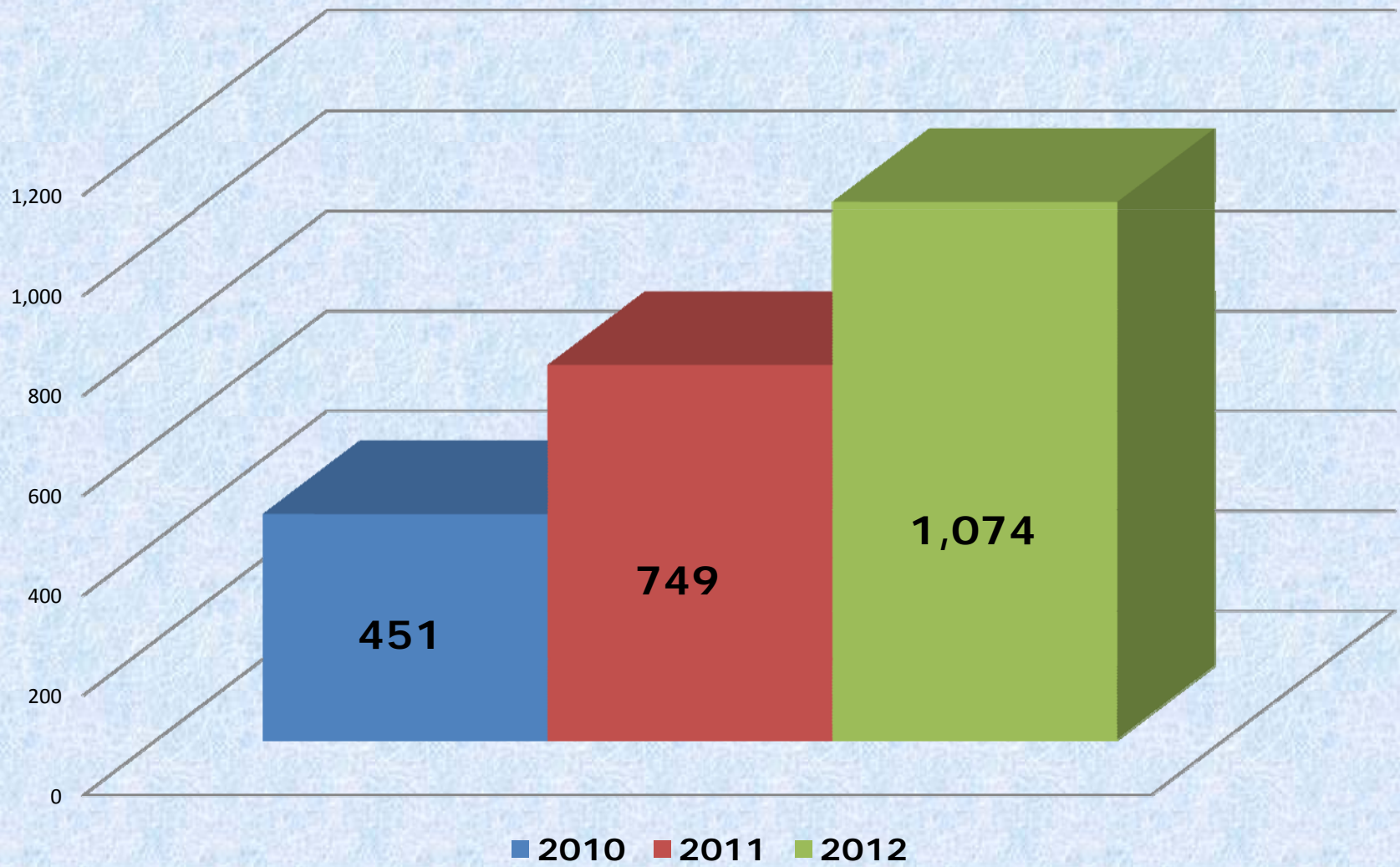
Methamphetamine Lab Response for Kentucky
***Numbers Provided by EPIC, ACS Container Program, Louisville Metro Police**
Department
2001-present
state & local response



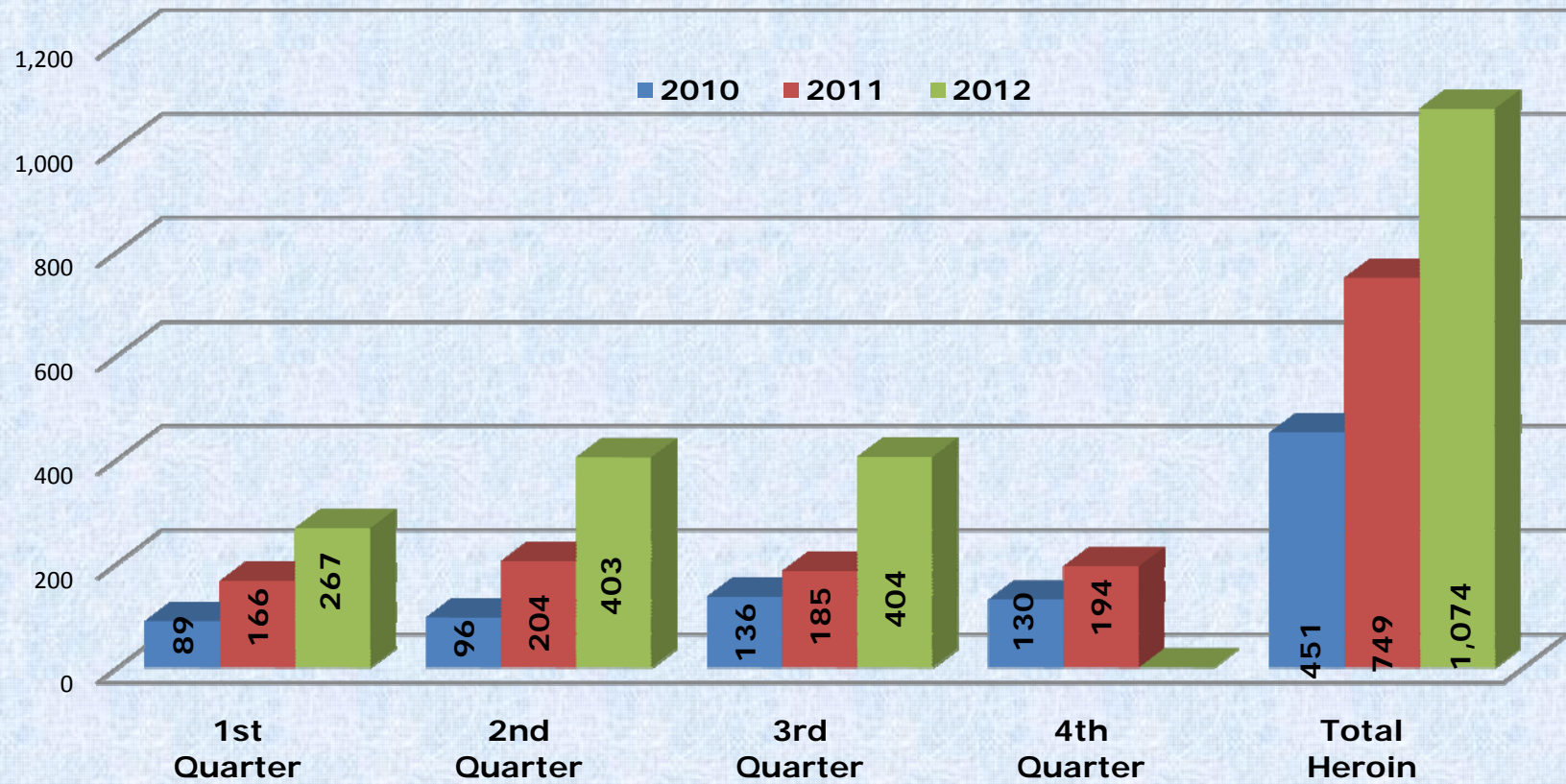
Kentucky State Police Lab Heroin v. Total Drug Cases Comparison



Kentucky State Police Heroin Submissions - 2010 through 2012



Kentucky State Police Lab Heroin Submissions - 2010 through 2012



Funding

The Office of Drug Control Policy was awarded funding for specific programs by the General Assembly for the 2012 biennium. Allocations included:

The Office of Drug Control Policy oversees the KY-ASAP funds allocated from the Phase I Tobacco Settlement Funds. In SFY 2012, the ODCP distributed \$1,770,200.00 to the KY-ASAP local boards in 116 of Kentucky's counties (including \$30,000 to 3 newly developing local boards).

The ODCP was also the recipient of a grant from the National Governor's Association.

Collaborative Partnerships

The Office of Drug Control Policy has established significant working relationships with many governmental and private agencies across the Commonwealth and nationally. The strength of success is found in the quality of the working relationships. Listed below is a sampling of some of the agencies that have partnered with the ODCP on initiatives:

- The Commonwealth Alliance for Substance Abuse Prevention
- Community Anti-Drug Coalitions of America (CADCA)
- Big Brothers / Big Sisters Youth of the Year
- Department of Education
- Department for Medicaid Services
- Department for Public Health
- Division of Mental Health and Substance Abuse
- Eastern Kentucky University
- Environmental and Public Protection Cabinet
- Governor's Task Force on Campus Safety
- Kentucky All Scheduled Prescription Electronic Reporting (KASPER)
- Kentucky Administrative Office of the Courts – Drug Courts
- Kentucky Alcoholic Beverage Control
- Kentucky Attorney General's Office
- Kentucky Board of Pharmacy
- Kentucky Center for School Safety
- Kentucky Child Now
- Kentucky College Network Steering Committee
- Kentucky County Attorneys Association
- Kentucky Crime Prevention Coalition
- Kentucky Injury Prevention Group

- Kentucky Narcotic Officer's Association
 - Kentucky Office of Homeland Security
 - Kentucky Pharmacists Association
 - Kentucky Prevention Network
 - Kentucky Retail Federation
 - Kentucky School Boards Association
 - Kentucky State Police
 - Office of Inspector General in the Cabinet for Health & Family Services
 - Office of National Drug Control Policy
 - Operation Unlawful Narcotics Investigation, Treatment & Education
 - The Partnership at DrugFree.org
 - People Advocating Recovery
 - Regional Organized Crime Information Center (ROCIC)
 - Reach of Louisville
 - Regional Prevention Centers
 - Substance Abuse and Mental Health Services Administration
 - SYNAR Inter-Agency Workgroup
 - Tobacco Prevention and Cessation Program Strategic Planning Group
 - University of Kentucky Center on Drug and Alcohol Research
 - University of Kentucky Community Coalition on Underage Drinking
 - UNITE Medical Advisory Board
 - JPSC Legislative Team
 - NADDI (National Association of Drug Diversion Investigators)
 - SEOW (State Epidemiology Outcomes Workgroup)
 - KASPER (Kentucky All Scheduled Prescription Electronic Reporting)
 - MHDDAS (Mental Health Developmental Disabilities Addiction Services)
- proposed study to prevent teen prescription drug issue in KY

- Kentucky Pharmacy Board - PSE Sales
- PIRE (Pacific Institute for Research & Evaluation)
- Medical Examiners Officer-Dr. Corey
- Governors Re-entry Task Force committee
- Physician Training sessions - Buprenorphine in the office setting
- Penal Code Task Force
- UK Real Time Data Collection Study
- Interstate Prescription Drug Abuse Task Force-KY, OH, WV and TN
- Recovery Kentucky
- HIDTA (High Intensity Drug Trafficking Areas)
- KSPAN (Kentucky Safety & Prevention Alignment Network)
- KY Domestic Violence Committee with RX training
- KY League of Cities
- KMA (Kentucky Medical Association) & KBNL (Kentucky Board Nursing Licensure)
- AIT (American Institute Technology) Labs
- Kentucky Workers Compensation
- DEA-Pill Drop-off programs
- Kentucky Board of Medical Licensure

Keep Kentucky Kids Safe - Stop Rx Abuse Before It Starts

More than 1,000 Kentuckians die each year from prescription drug overdoses

Kentucky's overdose death rate is the sixth-highest in the nation

One in five teens has admitted to using prescription pills non-medically

Prescription drug abuse is the nation's fastest-growing drug problem. Data from the National Survey on Drug Use and Health shows that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug that wasn't prescribed to them.

In Kentucky, more than 1,000 people die each year from the abuse of powerful painkillers like Oxycodone and Hydrocodone. Kentucky is the 4th most medicated state in the country according to Forbes Magazine and it has the nation's sixth-highest rate of prescription drug overdose deaths. More Kentuckians are dying from overdoses than traffic accidents.

The Keep Kentucky Kids Safe Program warns Kentucky kids about the dangers of abusing prescription drugs. In 2010, Attorney General Jack Conway joined with the Kentucky Office of Drug Control Policy, the Kentucky Pharmacists Association, the National Association of Drug Diversion Investigators, Operation UNITE and Dr. Karen Shay and Lynn Kissick, two mothers from Morehead, Ky. who lost daughters to prescription drug overdoses, to launch the Keep Kentucky Kids Safe program.

Attorney General Conway and his Keep Kentucky Kids Safe partners travel to middle and high schools across the state to warn kids about the devastating consequences of prescription pill abuse. They are also urging parents to lock-up and monitor all prescriptions in the home.

Students hear from those on the frontlines in the battle against this epidemic, including Attorney General Conway, state officials, law enforcement, prosecutors, pharmacists and parents who have lost children to this scourge.

Prevention – KY Agency for Substance Abuse Policy

The Kentucky Agency for Substance Abuse Policy (KY-ASAP) was created in 2000 to develop a strategic plan to reduce the prevalence of tobacco, alcohol and other drug use among youth and adult populations in Kentucky and coordinate efforts among state and local agencies in the area of substance abuse prevention.

KY-ASAP has continued to evolve since its placement into the Office of Drug Control Policy in 2004. KY-ASAP continues to embrace and incorporate the philosophy of ODCP to involve the three-pronged approach of prevention, treatment and law enforcement. During State Fiscal Year 2012, \$1,740,200.00 was awarded to KY-ASAP Local Boards as annual funding and \$30,000.00 was awarded to newly establishing local KY-ASAP Boards (Anderson, Bath & Fulton Counties).

A key concept of KY-ASAP is policy change. Local Boards have evolved, as envisioned, as policy makers within their communities. Many have developed initiatives for smoke-free environments and worked with school systems to provide programs to teach our youth about the dangers of alcohol, tobacco and other drugs. There are now 78 boards located in 116 counties of the Commonwealth.

The Kentucky Agency for Substance Abuse Policy is unique in that local boards determine their own needs for their service area. Through a strategic plan and needs assessment, the local boards identify the issues that they need to direct their dollars toward concerning tobacco, alcohol, and other drugs as related to abuse.

There are two types of boards within the structure of KY-ASAP: regional and single county boards. Sixteen of the seventy-eight local boards are regional boards with the remainder being single county boards. The regional boards are mostly associated with the high population areas of the state, with the exception of Fayette County which is a single county board. In the majority of the single county boards, the KY-ASAP funds amount to their only source to provide prevention and treatment of substance abuse.

KY-ASAP is currently being used in many of Kentucky communities as the primary component of a comprehensive drug education/prevention,

treatment, and law enforcement programs. Within that three pronged approach, there are several intervention programs that have been proven to be effective and are available to schools, families and communities.

Crucial challenges all boards face are limited funding and shrinking resources. As new boards expand and funds get smaller, the challenge will be to continue providing for the community as a whole. Local Boards will need to focus and spotlight on a smaller number of policies and programs that make biggest difference.

Other common challenges faced are keeping local board members motivated, active, involved, and focused, as well as trying to recruit new members. Local Boards without coordinators relying on completely on volunteer board members also takes great effort and requires a huge commitment.

Local Boards continue to take advantage of many collaborative opportunities and outreach responsibilities it has to share the mission regarding prevention, treatment and law enforcement. Boards are always looking for a “teachable moment” with communication and collaboration to be successful.

KY-ASAP will continue to work toward significant goals that will strengthen our position to fight drugs in our communities through innovative partnerships, technology, and leadership.

In conclusion, the KY Office Of Drug Control Policy/ Kentucky Agency for Substance Abuse Policy cannot stress enough that the local boards are dedicated, effective, valuable, but most of all, successful. They are an excellent local community tool and much needed component in educating, preventing, treating and enforcing substance abuse as part of a comprehensive prevention program.

Local boards are currently and have been involved in the following activities:

- Pain Clinic Ordinances
- Synthetic Drug Ordinances
- Supporting Tobacco Cessation programs
- Contracting with local school districts to provide evidence-based prevention programs in schools
- Hosting regional youth summits which focused on tobacco and underage drinking issues
- Investing in Drug Courts for adults and juveniles
- Providing Meth Awareness Trainings for community members
- Payment assistant for treatment services

- Support of School Resource Officers
- Providing financial support to law enforcement for prevention efforts
- Addressing substance abuse policies at all levels
- Media Ads with alcohol, tobacco and other substance facts (locally, statewide, & nationally)
- Student generated Public Service Announcements concerning Substance Abuse issues
- Supported community events such as Red Ribbon Week, Project Prom, Project Graduation, We Card, and Great American Ghost Out
- Collaborated with school districts and health departments to change smoking and drug policies at schools and provided financial support for programs such as Tobacco Education Groups/Tobacco Awareness Program (TEG/TAP), Teens Against Tobacco and Genesis Express
- Hosted Town Hall meetings to build awareness
- Preparing for community and school policy changes such as smoking ordinances, social host ordinances and random student drug testing
- Conducting adult and student surveys to assess the needs of their communities

Local KY-ASAP Boards utilize the KIP (Kentucky Incentives for Prevention) survey, among others, to collect their baseline data. The survey is conducted bi-annually in the fall in even-numbered years, with 6th, 8th, 10th, and 12th graders attending school in most Kentucky counties. To learn more about the KIP Survey and view the latest drug trends among youth in Kentucky visit the Reach of Louisville website at: <http://www.reachoflouisville.com>. In addition to the KIP survey, many local boards also continually conduct other adult and youth surveys in an effort to ascertain the most current and relevant community data.

KY-ASAP: State Board Members

Connie Smith, Chairman

Division of Mental Health & Substance Abuse Services

J. Michael Brown

Secretary, Justice & Public Safety Cabinet

<u>Steven Bing, Director</u> KY Health Department Association <i>Designee: Maria Hardy</i>	<u>Pending Appointment</u> American Lung Association <i>Designee: Carolyn Embry</i>
<u>Ronald J. Rice, Chief</u> Mayfield Police Dept. Local Tobacco Addiction, Subs. Abuse Board <i>Designee:</i>	<u>Jeff Jones</u> Local Tobacco Addiction, Subs. Abuse Bd. <i>Designee: None</i>
<u>J. Michael Brown, Secretary</u> Justice & Public Safety Cabinet <i>Designee: Van Ingram</i>	<u>Angela M. Hall</u> Private Community-based Organizations <i>Designee: Stacy Baird</i>
<u>Stephanie Mayfield, Commissioner</u> Department for Public Health <i>Designee: Irene Centers</i>	<u>Lola Patterson</u> Private Community-Based Organization <i>Designee: None</i>
<u>Tony Dehner, Commissioner</u> Alcoholic Beverage Control <i>Designee: Maurice Brown</i>	<u>Carl L. Boes</u> KY Association of Regional Programs <i>Designee:</i>
<u>Laurie Dudgeon, Director</u> Administrative Office of the Courts <i>Designee: Connie Payne</i>	<u>Pending Appointment</u> Kentucky Cancer Society <i>Designee: Pending</i>
<u>Leslie Hall</u> KY Family Resource Youth Services Coalition <i>Designee: Mary McKenzie</i>	<u>David Sloane</u> American Heart Association <i>Designee: Tonya Chang</i>
<u>Audrey Haynes Secretary</u> Cabinet for Health & Family Services <i>Designee: Jeff Jamar</i>	<u>Connie Smith</u> Division or Behavioral Health, Dept. of Behavioral Health, Developmental & Intellectual Disabilities <i>Designee: Cathy Prothro</i>
<u>Terry Holliday, Commissioner</u> Department of Education <i>Designee: Libby Taylor</i>	

Updated: 11/15/2012

KY-ASAP: Local Boards Celebrate 10 Years Fiscal Year 2012

The Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy has been awarding Local KY-ASAP Boards 10-Year Celebration & Achievement Award for outstanding accomplishments in providing substance abuse education, prevention, treatment and law enforcement initiatives.

In conclusion, the Ky Office of Drug Control Policy and KY-ASAP cannot stress enough that the local boards are dedicated, effective, valuable, but most of all, successful. They are an excellent community tool and a much needed component in educating, preventing, treating and enforcing substance abuse as part of a comprehensive prevention program. The Office of Drug Control Policy and KY-ASAP are excited and eager to recognize the 10 year accomplishments of our local boards through 2012.

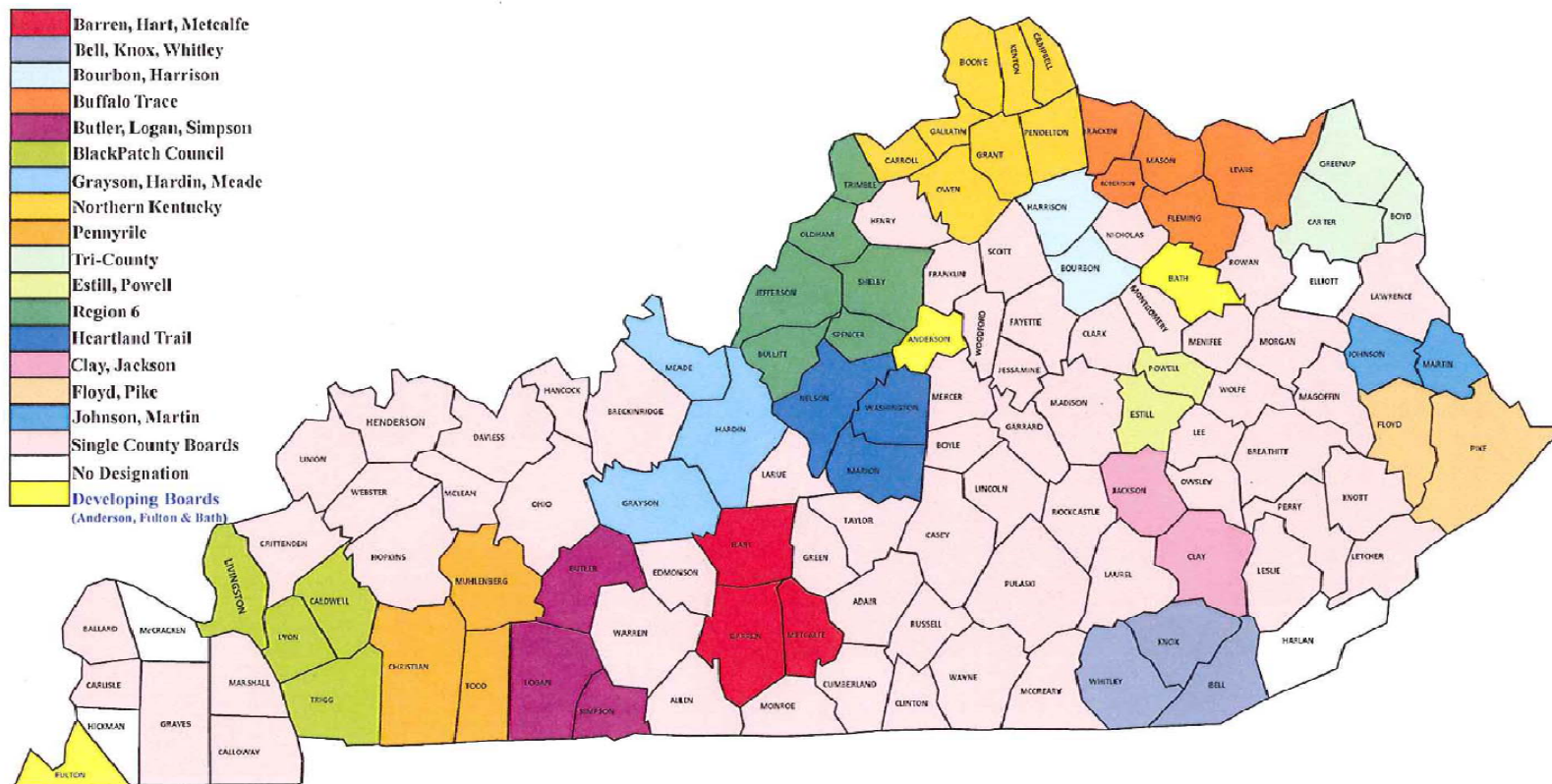
2011 Awards:

- | | |
|--------------------------|---------------------|
| ▪ Pulaski County | ▪ Adair County |
| ▪ Wayne County | ▪ McLean County |
| ▪ Warren County | ▪ Calloway County |
| ▪ Grayson, Meade, Hardin | ▪ Northern KY |
| ▪ Buffalo Trace | ▪ Heartland Trail |
| ▪ Tri-County | ▪ Cumberland County |
| ▪ Boyle County | ▪ Central Kentucky |
| ▪ Ohio County | |

2012 Awards:

- | | |
|--------------------|------------------------|
| ▪ Allen County | ▪ Bell/Knox/Whitley |
| ▪ Bourbon/Harrison | ▪ Butler/Logan/Simpson |
| ▪ Clay/Jackson | ▪ Crittenden |
| ▪ Daviess | ▪ Fayette |
| ▪ Floyd/Pike | ▪ Garrard |
| ▪ Green | ▪ Henry |
| ▪ Johnson/Martin | ▪ Knott |
| ▪ Lee | ▪ Lincoln |
| ▪ Madison | ▪ Magoffin |
| ▪ Mercer | ▪ Monroe |
| ▪ Nicholas | ▪ Pennyryle |
| ▪ Region 6 | ▪ Rowan |

Kentucky Agency for Substance Abuse Policy



**KY-ASAP State Boards
(78 boards in 116 counties)**

1	Adair County Local KY-ASAP Board
2	Allen County Local KY-ASAP Board
3	Anderson County Local KY-ASAP Board
4	Ballard County Local KY-ASAP Board
5	Barren-Hart-Metcalf Local KY-ASAP Board (BHM)
6	Bath County Local KY-ASAP Board
7	Bell-Knox-Whitley Local KY-ASAP Board (BKW)
8	Black Patch Council (BPC) Local KY-ASAP Board
9	Bourbon/Harrison Local KY-ASAP Board
10	Boyle County Local KY-ASAP Board
11	Breathitt County Local KY-ASAP Board
12	Breckinridge County Local KY-ASAP Board
13	Buffalo Trace Local KY-ASAP Board
14	Butler-Logan-Simpson Local KY-ASAP Board (BLS)
15	Calloway County Local KY-ASAP Board
16	Carlisle County Local KY-ASAP Board
17	Casey County Local KY-ASAP Board
18	Central KY Local KY-ASAP Board
19	Clark County Local KY-ASAP Board
20	Clay/Jackson Local KY-ASAP Board
21	Clinton County Local KY-ASAP Board
22	Crittenden County Local KY-ASAP Board
23	Cumberland County Local KY-ASAP Board
24	Daviess County Local KY-ASAP Board
25	Edmonson County Local KY-ASAP Board
26	Estill/Powell Local KY-ASAP Board
27	Fayette County Local KY-ASAP Board
28	Floyd/Pike Local KY-ASAP Board
29	Franklin County Local KY-ASAP Board
30	Fulton County Local KY-ASAP Board
31	Garrard County Local KY-ASAP Board
32	Graves County Local KY-ASAP Board
33	Grayson-Meade-Hardin Local KY-ASAP Board (GMH)

**KY-ASAP State Boards
(78 boards in 116 counties)**

34	Green County Local KY-ASAP Board
35	Hancock County Local KY-ASAP Board
36	Heartland Trail Local KY-ASAP Board
37	Henderson County Local KY-ASAP Board
38	Henry County Local KY-ASAP Board
39	Hopkins County Local KY-ASAP Board
40	Jessamine County Local KY-ASAP Board
41	Johnson/Martin Local KY-ASAP Board
42	Knott County Local KY-ASAP Board
43	LaRue County Local KY-ASAP Board
44	Laurel County Local KY-ASAP Board
45	Lawrence County Local KY-ASAP Board
46	Lee County Local KY-ASAP Board
47	Leslie County Local KY-ASAP Board
48	Letcher County Local KY-ASAP Board
49	Lincoln County Local KY-ASAP Board
50	Madison County Local KY-ASAP Board
51	Magoffin County Local KY-ASAP Board
52	Marshall County Local KY-ASAP Board
53	McCreary County Local KY-ASAP Board
54	McLean County Local KY-ASAP Board
55	Menifee County Local KY-ASAP Board
56	Mercer County Local KY-ASAP Board
57	Monroe County Local KY-ASAP Board
58	Montgomery County Local KY-ASAP Board
59	Morgan County Local KY-ASAP Board
60	Nicholas County Local KY-ASAP Board
61	Northern KY Local KY-ASAP Board
62	Ohio County Local KY-ASAP Board
63	Owsley County Local KY-ASAP Board
64	Pennyrile Local KY-ASAP Board
65	Perry County Local KY-ASAP Board
66	Pulaski County Local KY-ASAP Board

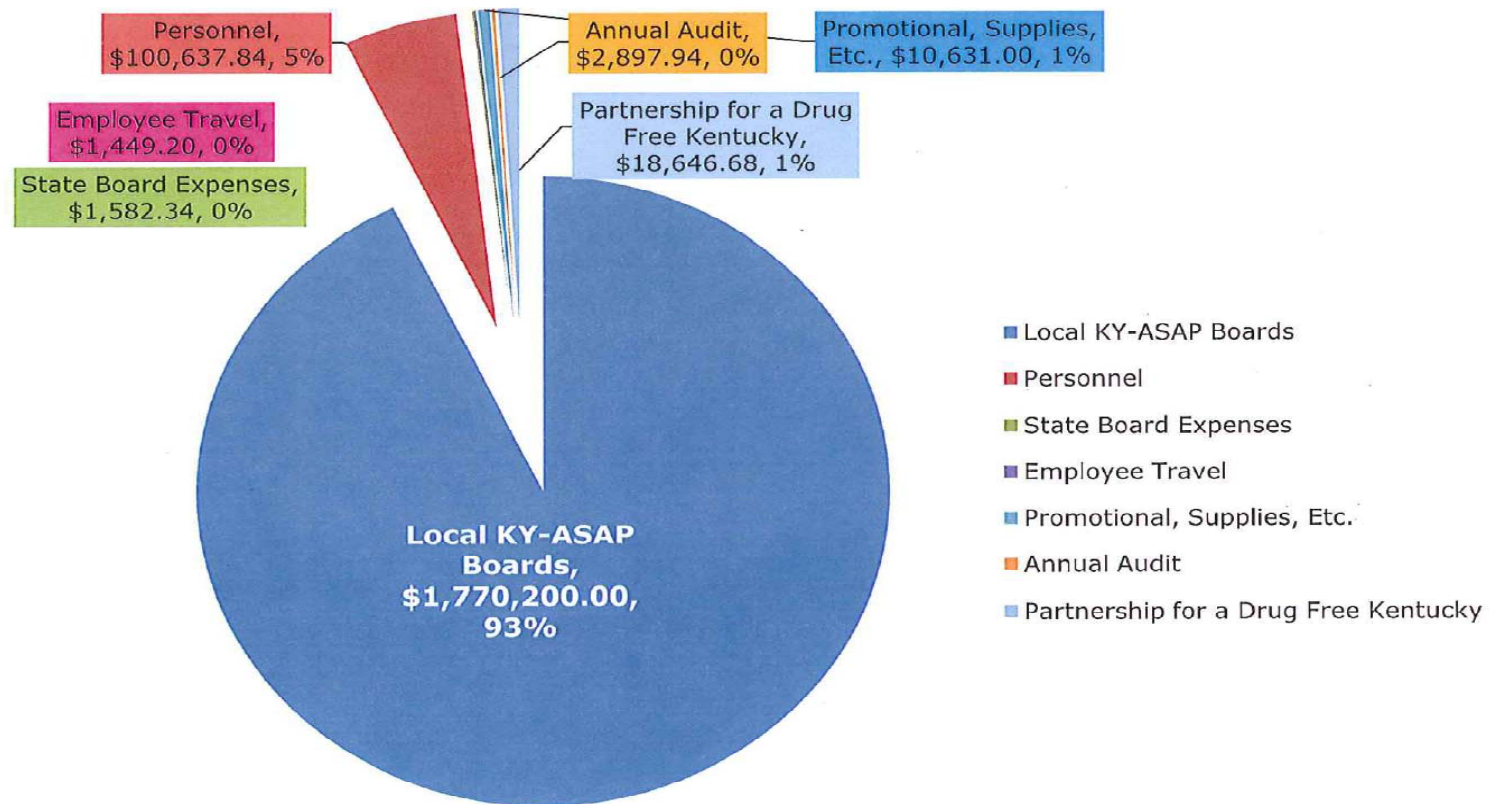
**KY-ASAP State Boards
(78 boards in 116 counties)**

67	Region 6 Local KY-ASAP Board
68	Rockcastle County Local KY-ASAP Board
69	Rowan County Local KY-ASAP Board
70	Russell County Local KY-ASAP Board
71	Scott County Local KY-ASAP Board
72	Tri-County Local KY-ASAP Board
73	Union County Local KY-ASAP Board
74	Warren County Local KY-ASAP Board
75	Wayne County Local KY-ASAP Board
76	Webster County Local KY-ASAP Board
77	Wolfe County Local KY-ASAP Board
78	Woodford County Local KY-ASAP Board

KY-ASAP Financial Report

KY-ASAP: Account Summary – Fiscal Year 2012 (July 1, 2011 thru June 30, 2012)	
Description	Amount
Annual Projected Allotment	\$1,923,400.00
Actual SFY2012 Allotment	\$1,906,045.00
SFY2012 Reduction	\$17,355.00
(Actual) SFY2012 BEGINNING BALANCE	\$1,906,045.00
Salary & Fringe	\$98,237.84
SFY2011 Payroll Lapse	\$2,400.00
Annual Allocations to Local Boards	\$1,740,200.00
New Board Start-Up Funding	\$30,000.00
Supplies	\$2,565.13
Board Meetings	\$575.62
In-State Travel (Employee)	\$1,449.20
Board Member Travel to Board Meetings	\$1,006.72
Partnership for a Drug-Free Kentucky	\$18,646.68
Auditor Reviews	\$2,897.94
Program Materials	\$8,065.87
TOTAL EXPENDITURES	\$1,906,045.00
BALANCE	\$0.00

Kentucky Agency for Substance Abuse Policy SFY2012 Expenditures



SFY2012 KY-ASAP Local Board Annual Funding

Board	FY12 Award	# of counties
Adair County	\$15,400.00	1
Allen County	\$15,400.00	1
Ballard County	\$15,400.00	1
Barren/Hart/Metcalf (BHM)	\$46,200.00	3
Bell/Knox/Whitley (BKW)	\$46,200.00	3
Black Patch Council (BPC)	\$61,600.00	4
Bourbon/Harrison	\$30,800.00	2
Boyle County	\$15,400.00	1
Breathitt County	\$15,400.00	1
Breckinridge County	\$15,400.00	1
Buffalo Trace	\$77,000.00	5
Butler/Logan/Simpson (BLS)	\$46,200.00	3
Calloway County	\$15,400.00	1
Carlisle County	\$15,400.00	1
Casey County	\$15,400.00	1
Central KY	\$15,400.00	1
Clark County	\$15,400.00	1
Clay/Jackson	\$30,800.00	2
Clinton County	\$15,400.00	1
Crittenden County	\$15,400.00	1
Cumberland County	\$15,400.00	1
Daviess County	\$15,400.00	1
Edmonson County	\$15,400.00	1
Estill/Powell	\$30,800.00	2
Fayette County	\$15,400.00	1
Floyd/Pike	\$30,800.00	2
Franklin County	\$15,400.00	1
Garrard County	\$15,400.00	1
Graves County	\$15,400.00	1
Grayson/Meade/Hardin (GMH)	\$46,200.00	3
Green County	\$15,400.00	1
Hancock County	\$15,400.00	1
Heartland Trail	\$46,200.00	3
Henderson County	\$15,400.00	1
Henry County	\$15,400.00	1
Hopkins County	\$15,400.00	1
Jessamine County	\$15,400.00	1
Johnson/Martin	\$30,800.00	2

Board	FY12 Award	# of counties
Knott County	\$15,400.00	1
LaRue County	\$15,400.00	1
Laurel County	\$15,400.00	1
Lawrence County	\$15,400.00	1
Lee County	\$15,400.00	1
Leslie County	\$15,400.00	1
Letcher County	\$15,400.00	1
Lincoln County	\$15,400.00	1
Madison County	\$15,400.00	1
Magoffin County	\$15,400.00	1
Marshall County	\$15,400.00	1
McCreary County	\$15,400.00	1
McLean County	\$15,400.00	1
Menifee County	\$15,400.00	1
Mercer County	\$15,400.00	1
Monroe County	\$15,400.00	1
Montgomery County	\$15,400.00	1
Morgan County	\$15,400.00	1
Nicholas County	\$15,400.00	1
Northern KY	\$123,200.00	8
Ohio County	\$15,400.00	1
Owsley County	\$15,400.00	1
Pennyrile	\$46,200.00	3
Perry County	\$15,400.00	1
Pulaski County	\$15,400.00	1
Region 6	\$92,400.00	6
Rockcastle County	\$15,400.00	1
Rowan County	\$15,400.00	1
Russell County	\$15,400.00	1
Scott County	\$15,400.00	1
Tri-County	\$46,200.00	3
Union County	\$15,400.00	1
Warren County	\$15,400.00	1
Wayne County	\$15,400.00	1
Webster County	\$15,400.00	1
Wolfe County	\$15,400.00	1
Woodford County	\$15,400.00	1
	\$1,740,200.00	

Kentucky Permanent Prescription Drug Disposal Locations & Take Back Initiatives

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-28-2012)			
County	Location	Hours Open	Phone
Ballard	Ballard County Sheriff's Dept. 437 Ohio Street Wickliffe, KY	Mon-Fri 8-4 or anytime city hall is open	270-335-3561
Barren	Cave City Police Dept. 103 Duke Street Cave City, KY	Mon.-Fri 8-4	270-773-2441
Barren	Barren County Sheriff's Dept. 117 N. Public Square, #3a Glasgow, KY	Mon.-Fri 8-4 Sat.-8-Noon	270-651-2771
Barren	Glasgow Police Dept. 201 S. Broadway Street Glasgow, KY	Open 24/7	270-651-5151
Boone	Florence Police Dept. 8100 Ewing Blvd. Florence, KY	Mon-Fri 8:30-5	859-647-5420
Boone	Boone County Sheriff's Office 3000 Conrad Lane Burlington, KY	Mon-Fri 8-5	859-334-2234
Bourbon	Paris Police Dept. 545 High Street Paris, KY	24/7	859-987-2100
Bracken	Bracken County Sheriff's Office 116 W. Main Brooksville, KY	M-Tu-Th-Fri. 8-4 Wed/Sat-8:00-Noon	606-735-3233
Bullitt	Bullitt County Sheriff's Office 300 Preston Hwy. Shepherdsville, KY	Mon-Fri 8-4	502-543-2514

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Bullitt	Mt. Washington Police Dept. 180 Landis Lane Mt. Washington, KY	Mon-Fri 8-5	502-538-4216
Bullitt	Hillview Police Dept. 283 Crestwood Lane Louisville, KY	Mon-Fri 8-4:30 can vary	502-955-6808
Butler	Butler County Sheriff's Office 110 North Main Street Morgantown, KY	Mon-Fri 8-4	270-526-3676
Butler	Morgantown City Police 2800 Sailing Circle Huff Ingram Drive Morgantown, KY	24/7	270-526-3662
Caldwell	Caldwell County Sheriff's Office 100 E. Market Street, #25 Princeton, KY	no box drop off at office Mon-Fri 8-4	270-365-2088
Calloway	Calloway County Sheriff's Office 701 Olive Street Murray, KY	24/7	270-753-3151
Campbell	Newport Police Dept. 998 Monmouth Street Newport, KY	Mon-Fri 8:30-4:30	859-292-3625
Campbell	Highland Heights Police Dept. 176 Johns Hill Road Highland Heights, KY	Call officer 8-4	859-441-8956
Campbell	Fort Thomas Police Dept. 130 N. Fort Thomas Avenue Fort Thomas, KY	Mon-Fri 8-4:30 anytime city hall is open	859-292-3622
Campbell	Campbell County Police Dept. 8774 Constable Drive Alexandria, KY	Mon-Fri 8-4 except holidays	859-547-3100
Carlisle	Carlisle County Sheriff's Dept. 985 US Hwy 62 Bardwell, KY	Mon-Fri 8-4	270-628-3377

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Carroll	Carroll County Sheriff's Office 440 Main Street, 1st Floor Carrollton, KY 41008	Mon-Fri 8:30 - 4:30	502-732-7010
Carroll	Carrollton Police Dept. 750 Clay Street	24/7	502-732-6621
Clark	Winchester Police Dept. 16 South Maple Street Winchester, KY	7 days/wk-8 a.m.-8 p.m.	859-745-7403
Clark	Clark County Sheriff's Office 17 Cleveland Avenue, #1 Winchester, KY	Monday-Friday 8:00 a.m.-4:00 p.m.	859-744-4390
Christian	Hopkinsville Police Dept. 112 West 1st Street Hopkinsville, KY	Mon-Friday 8:00 a.m. - 4:00 p.m.	270-890-1500
Christian	Pending Christian County Sheriff's Dept.	waiting to be installed but will be 8-4:30	
Crittenden	Marion Police Dept. 217 S. Main Street, #102 Marion, KY	24/7	270-965-3500
Crittenden	Crittenden County Sheriff's Dept. Crittenden County Courthouse Marion, KY 42064	Monday-Friday 8:00 a.m.-4:00 p.m.	270-965-3400
Daviess	Daviess County Sheriff's Dept. 212 Saint Ann Street #103 Owensboro, KY	Mon-Fri 8-4:30	270-685-8444
Daviess	Owensboro City Police Dept. 222 East 9th Street Owensboro, KY	24/7	270-687-8888
Edmonson	Edmonson County Sheriff's Dept. 110 Jackson Street Brownsville, KY	Mon-Fri 8-4	270-597-2157
Edmonson	Brownsville Police Dept. 121 Washington Street Brownsville, KY	Mon-Fri 8-4	270-597-3814
Estill	Pending		

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Franklin	Frankfort Police Dept. 300 West 2nd Street Frankfort, KY	24/7	502-875-8525
Franklin	Franklin County Sheriff's Office	pending (waiting til completion of new courthouse)	
Gallatin	Gallatin County Sheriff's Office 106 West Main Street Warsaw, KY	Mon-Fri 8-4:30 . weekends-deputies accept at local banks	859-567-5751
Graves	Graves County Sheriff's Office 101 East South Street #3 2nd Floor Courthouse Annex Mayfield, KY 42066	Mon-Fri 8-4:30 (CT)	270-247-6501
Hancock	Hancock County Sheriff's Office 225 Main Cross Street Hawesville, KY	Mon-Fri 8-4	270-927-6247
Hancock	Pending Lewisport Police Dept. 210 Caroline Street Lewisport, KY 42351	in process of acquiring box	270-295-6188
Harrison	Harrison County Sheriff's Office 113 W. Pike Street Cynthiana, KY	Mon-Fri 8:30-4:30	859-234-7135
Hart	Hart County Sheriff's Dept. 116 East Union Street Munfordville, KY	Mon.-Fri 8-4	270-524-2341
Hart	Horse Cave Police Dept. 121 Woodlawn Avenue Horse Cave, KY	Mon-Fri 8-4:30	270-786-4357
Henry	Henry County Sheriff's Department @ the Courthouse 30 North Main Street New Castle, KY	Mon-8-6. Tues-Fri-8-4:30	502-845-2909

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Jessamine	Nicholasville Police Department 510 North Main St. Nicholasville, KY	Mon-Fri 8-5	859-885-9468
Kenton	Erlanger Police Department 505 Commonwealth Avenue Erlanger, KY	Mon-Fri 8-5	859-727-5660
Kenton	Edgewood Police Dept. 385 Dudley Road Edgewood, KY	Mon-Fri 8 a.m.-6 p.m.	859-331-5911
Kenton	Villa Hills Police Dept. 719 Rogers Road Villa Hills, KY	Mon-Fri during business hours-then by appt. through dispatch	859-341-3535
Kenton	Park Hills Police Dept. 1106 Amsterdam RoadPark Hills, KY	24/7	859-431-6172
Kenton	Fort Wright Police Dept. 409 Kyle's Lane Fort Wright, KY	Mon.-Fri 7:30-5	859-727-2424
Kenton	Kenton County Police Dept. 11777 Madison Pike Independence, KY	24/7	859-392-1983
Laurel	Laurel County Health Dept. 525 Whitley Street London, KY	No box-may bring to Rebecca	606-864-6600
Livingston	Livingston County Sheriff's Dept. 351 Court Street Smithland, KY	Mon-Fri 8:00 - 4:00	270-928-2122
Logan	Logan County Sheriff's Dept. 100 North Owen Street Russellville, KY	Mon-Fri 8:00 - 4:30	270-726-2244
Logan	Russellville Police Dept. 104 SW Park Square Russellville, KY	Mon-Fri 8:00 - 4:00	270-726-7669
Lyon	Lyon County Sheriff's Office 500 W. Dale Street, 100 Eddyville, KY	no box drop off at office Mon-Fri 8-4	270-388-2311 ext. 2038

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Madison	Richmond Police Dept. 1721 Lexington Road Richmond, KY	24/7	859-623-1714
Madison	Berea Police Dept. 212 Chestnut Street Berea, KY	24/7	859-986-8456
Magoffin	Magoffin County Sheriff's Office 201 East Maple Street Salyersville, KY	Mon.-Fri 8-4	606-349-2914
Marshall	Marshall County Sheriff's Office 52 Judicial Drive Benton, KY	Mon.-Fri 8-4:30	270-527-3112
Mason	Mason County Sheriff's Office 120 West 3rd Street Maysville, KY	Mon-Fri 9-4:30	606-564-3309
McCracken	Paducah Police Dept. 1400 Broadway Paducah, KY	Mon-Fri 8-5	270-444-8550
Metcalfe	Metcalfe County Sheriff's Dept. 106 S. Main Street Edmonton, KY	Mon-Fri 8-4	270-432-3041
Monroe	Monroe County Sheriff's Dept. 200 N. Main Street, #E Tompkinsville, KY	Mon-Sat 8-4	270-487-6622
Montgomery	Montgomery County Sheriff's Office 1 Court Street Mount Sterling, KY	Mon-Sat 8-4	859-498-8704
Muhlenberg	Greenville Police Dept. 200 Court Street Greenville, KY	No box drop off at office Mon-Fri 24 hrs. a day	270-754-2464
Muhlenberg	Muhlenberg Sheriff's Office 100 Main Street Greenville, KY	No Box drop off at office Mon-Fri 8-4	270-338-3345

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Nelson	Bardstown Police Dept. 212 Nelson County Plaza Bardstown, KY	Mon-Fri 24 hrs a day	502-348-6811
Pendleton	Pendleton County Sheriff's Office 202 Chapel Street Falmouth, KY	Mon-Fri 9-4.	859-654-4511
Powell	Pending Stanton, KY		
Powell	Pending Clay City, KY		
Pulaski	Pulaski County Sheriff's Office 100 North Main Street Somerset, KY	24/7	606-678-5145
Pulaski	Pulaski 911 Center 145 North Highway 27 Somerset, KY	24/7	606-678-5008
Simpson	Simpson County Sheriff's Dept. 203 East Kentucky Street Franklin, KY	Mon-Fri 8-4	270-586-7425
Todd	Todd County Sheriff's Dept. 202 East Washington Street Elkton, KY	Mon-Fri 8-4	270-265-9966
Todd	Elkton Police Dept. 73 Court Square Elkton, KY	Mon-Fri 8-4:00	270-265-9879
Todd	Guthrie Police Dept. 110 3rd Street Guthrie, KY	Mon-Fri 8-4	270-483-2520
Trigg	Trigg County Sheriff 31 Jefferson Street Cadiz, KY 42211	24/7 (after hours ring bell for entry)	270-522-6661
Union	Union County Sheriff's Office 100 East Main Street Morganfield, KY	box in vault inside Mon-Fri 8-4	270-389-1303
Warren	Warren County Sheriff's Office 429 E. 10th Street Bowling Green, KY	Mon-Fri 8 - 4:30	270-842-1633

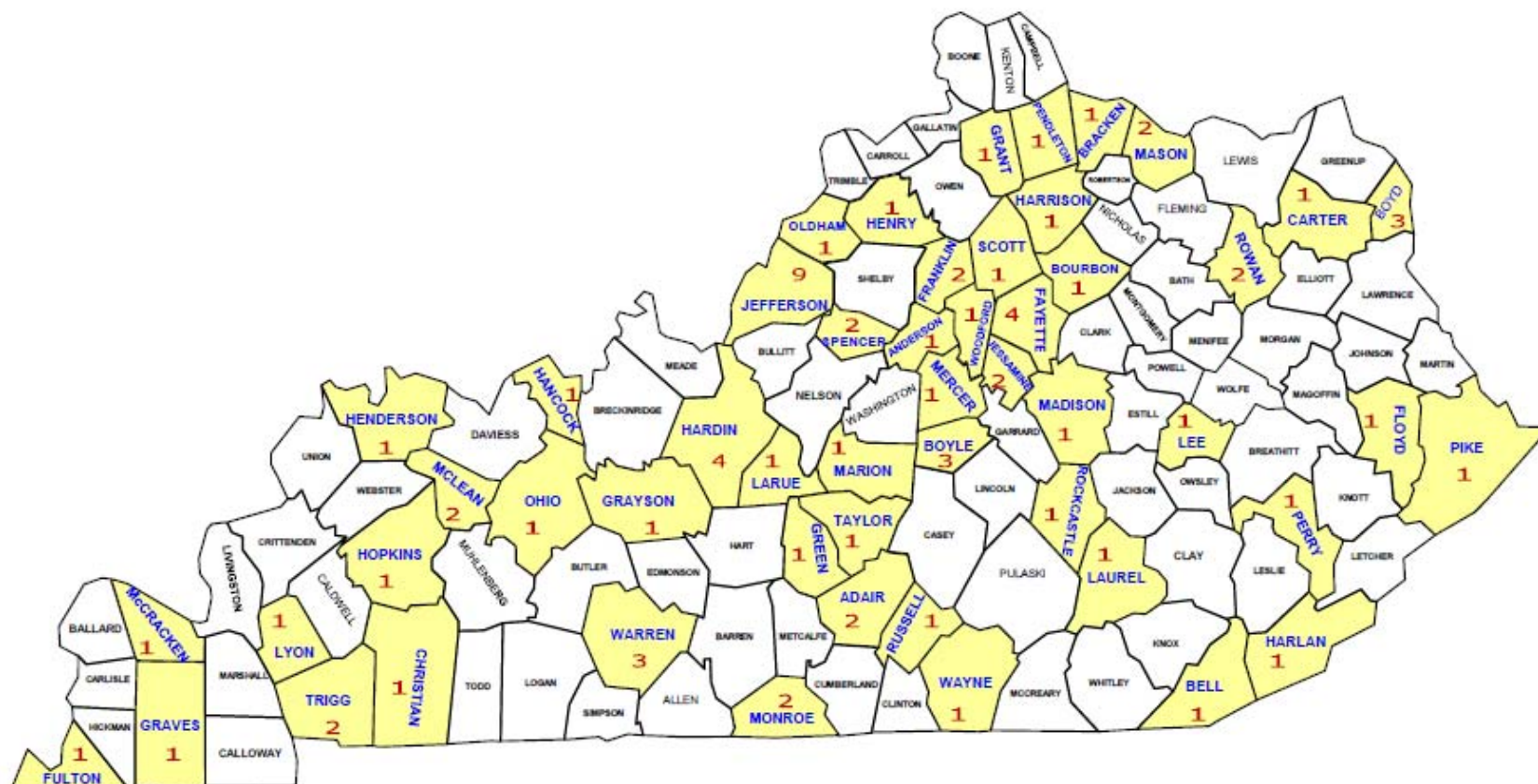
**Kentucky Permanent Prescription Drug Disposal Locations
(as of 11-28-2012)**

County	Location	Hours Open	Phone
Warren	Bowling Green Police Dept. 911 Kentucky Street Bowling Green, KY	24/7	270-393-2473
Warren	Kentucky State Police - Post 3 3119 Nashville Road Bowling Green, KY	24/7	270-782-2010
Wayne	Monticello City Police Department 195 North Main Street Monticello, KY	Mon-Fri 24 hrs.	606-348-9313
Webster	Webster Co. Sheriff's Office 25 US HWY 41A South Dixon, KY 42409	Mon-Fri 8-4	270-639-5067
Woodford	Woodford County Sheriff's Office 103 South Main Street Versailles, KY	Mon-Thur- 8-5 Fri-8-5:30	859-873-3119



National Drug Take Back Day
April 28, 2012

81 locations in 52 Kentucky Counties
6,716 lbs. collected





**National Drug Take Back Day
April 28, 2012**

**81 locations in 52 Kentucky Counties
6,716 lbs. collected**

	County	Pounds
1	Adair	29
	Adair	1
2	Anderson	52
3	Bell	24
4	Bourbon	13
5	Boyd	105
	Boyd	100
	Boyd	65
6	Boyle	10
	Boyle	10
	Boyle	42
7	Bracken	10
8	Carter	0
9	Christian	140
10	Fayette	362
	Fayette	361
	Fayette	362
	Fayette	361
11	Floyd	0
12	Franklin	144
	Franklin	42
13	Fulton	35
14	Grant	20
15	Graves	25
16	Grayson	21
17	Green	23
18	Hancock	56
19	Hardin	99
	Hardin	20
	Hardin	100
	Hardin	13
20	Harlan	4
21	Harrison	51



**National Drug Take Back Day
April 28, 2012**

**81 locations in 52 Kentucky Counties
6,716 lbs. collected**

22	Henderson	122
23	Henry	12
24	Hopkins	18
25	Jefferson	132
	Jefferson	20
	Jefferson	95
	Jefferson	69
	Jefferson	260
	Jefferson	341
	Jefferson	609
	Jefferson	422
	Jefferson	23
26	Jessamine	27
	Jessamine	28
27	Larue	18
28	Laurel	177
29	Lee	23
30	Lyon	0
31	Madison	17
32	Marion	26
33	Mason	94
	Mason	40
34	Mccracken	517
35	Mclean	10
	Mclean	10
36	Mercer	64
37	Monroe	15
	Monroe	25
38	Ohio	123
39	Oldham	80
40	Pendleton	5
41	Perry	18
42	Pike	8
43	Rockcastle	23
44	Rowan	46

Got Drugs?



**National Drug Take Back Day
April 28, 2012**

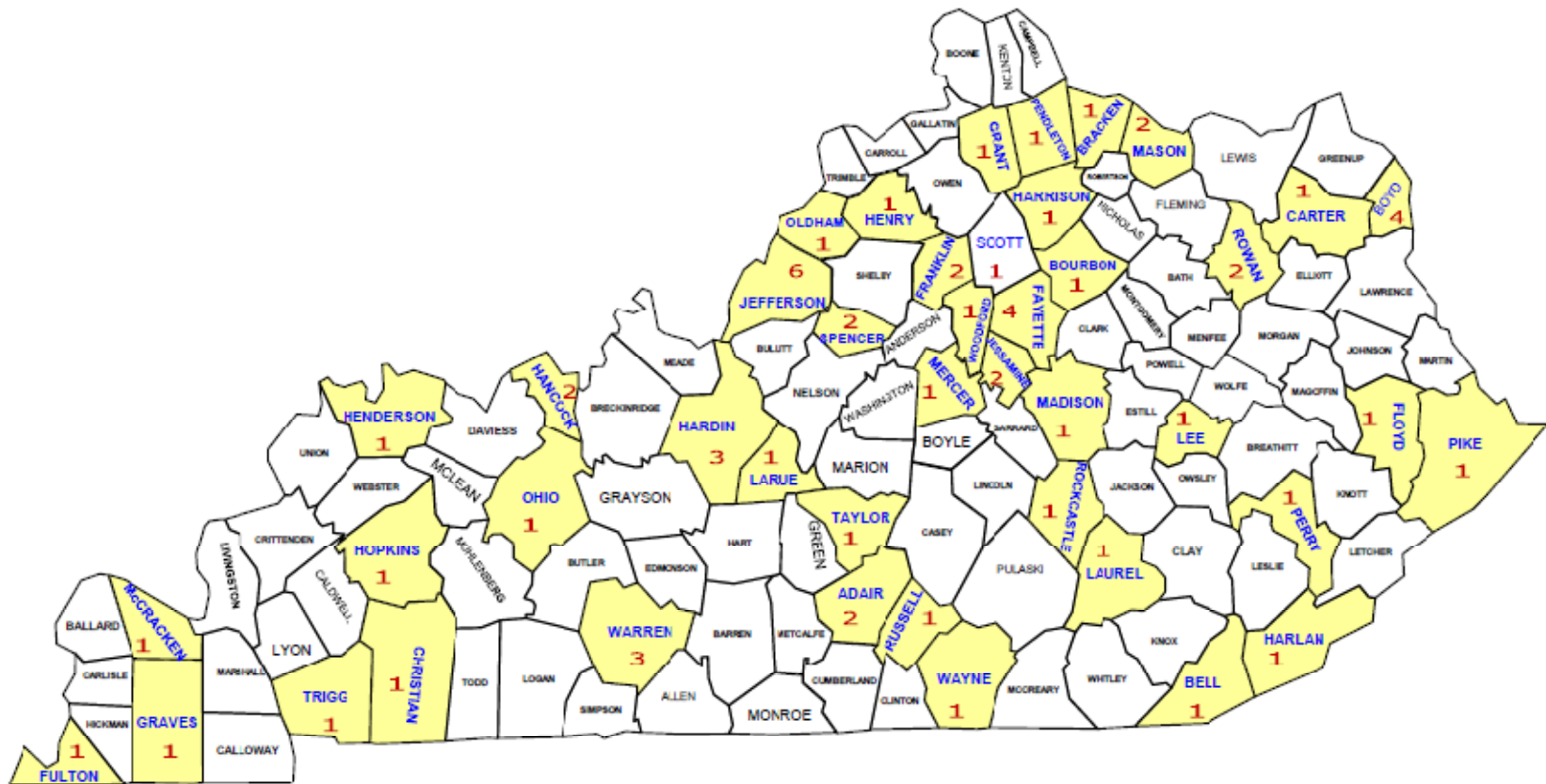
**81 locations in 52 Kentucky Counties
6,716 lbs. collected**

	Rowan	46
45	Russell	30
46	Scott	50
47	Spencer	6
	Spencer	77
48	Taylor	94
49	Trigg	12
	Trigg	29
50	Warren	9
	Warren	25
	Warren	59
51	Wayne	23
52	Woodford	39
	KENTUCKY TOTAL	6,716 lbs.



National Drug Take Back Day
September 29, 2012

65 locations in 43 Kentucky Counties
4,961 lbs. collected





**National Drug Take Back Day
September 29, 2012**

**65 locations in 43 Kentucky Counties
4,961 lbs. collected**

	County	Weight
1	Adair	66
	Adair	2
2	Bell	46
3	Bourbon	74
4	Boyd	50
	Boyd	50
	Boyd	75
	Boyd	28
5	Bracken	12
6	Carter	3
7	Christian	116
8	Fayette	340
	Fayette	270
	Fayette	263
	Fayette	110
9	Floyd	3
10	Franklin	198
	Franklin	3
11	Fulton	40
12	Grant	14
13	Graves	20
14	Hancock	19
	Hancock	19
15	Hardin	98
	Hardin	16
	Hardin	29
16	Harlan	13
17	Harrison	36
18	Henderson	20
19	Henry	10
20	Hopkins	53
21	Jefferson	209
	Jefferson	374



**National Drug Take Back Day
September 29, 2012**

**65 locations in 43 Kentucky Counties
4,961 lbs. collected**

	Jefferson	375
	Jefferson	134
	Jefferson	134
	Jefferson	135
22	Jessamine	64
	Jessamine	50
23	Larue	9
24	Laurel	102
25	Lee	45
26	Madison	8
27	Mason	135
	Mason	4
28	Mccracken	63
29	Mercer	77
30	Ohio	49
31	Oldham	94
32	Pendleton	15
33	Perry	9
34	Pike	32
35	Rockcastle	46
36	Rowan	33
	Rowan	63
37	Russell	25
38	Spencer	0
	Spencer	60
39	Taylor	39
40	Trigg	2
41	Warren	40
	Warren	40
	Warren	341
42	Wayne	46
43	Woodford	13
	KENTUCKY TOTAL	4,961 lbs.



KY-ASAP: Drug Free Communities Support Program

The Drug Free Communities program is directed by the White House Office of National Drug Control Policy, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). The DFC program provides grants of up to \$625,000 over five years to community coalitions that facilitate youth and adult participation at the community level in local youth drug prevention efforts, including prescription drug diversion and prevention initiatives, as well as underage drinking prevention programs. Coalitions are comprised of community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement, and the media. Data show that communities receiving DFC funding have seen significant reductions in past 30-day use of alcohol, tobacco, and marijuana among middle and high school students.

KY Drug Free Communities:

Pulaski County KY-ASAP Board

Carter County Drug Task Force

Prevention Advocates for Tomorrow's Health (PATH) Coalition
(Bardstown)

Ohio County Together We Care Coalition

Trimble CARES

Owsley County Drug Awareness Council

The Save Our Kids Coalition (Warren County)

McLean County Community Coalition

Campbell/Taylor County Anti-Drug Coalition

Champions for Drug Free Carroll County

Corbin Community Coalition

Kentucky Agency for Substance Abuse Policy - Northern Kentucky Board

Breckinridge County Coalition for Change

Scott Countians Against Drugs

Green County KY-ASAP

Hancock County Partners for a Healthy Community & Healthy Youth

Knott County Drug Abuse Council

Russell County Partners in Prevention

Mayor's Alliance on Substance Abuse (Fayette County)

Portland Now Prevention Partnership (Louisville)

7th Street Corridor PAL Coalition (Louisville)

Seven Counties Services (Louisville)

Rowan County UNITE Coalition, Inc.

Calloway County Alliance for Substance Abuse Prevention (CCASAP)

Magoffin County KY-ASAP Local Board

The Scottsville Allen County Faith Coalition

Shelby County Drug/Alcohol Advisory Council

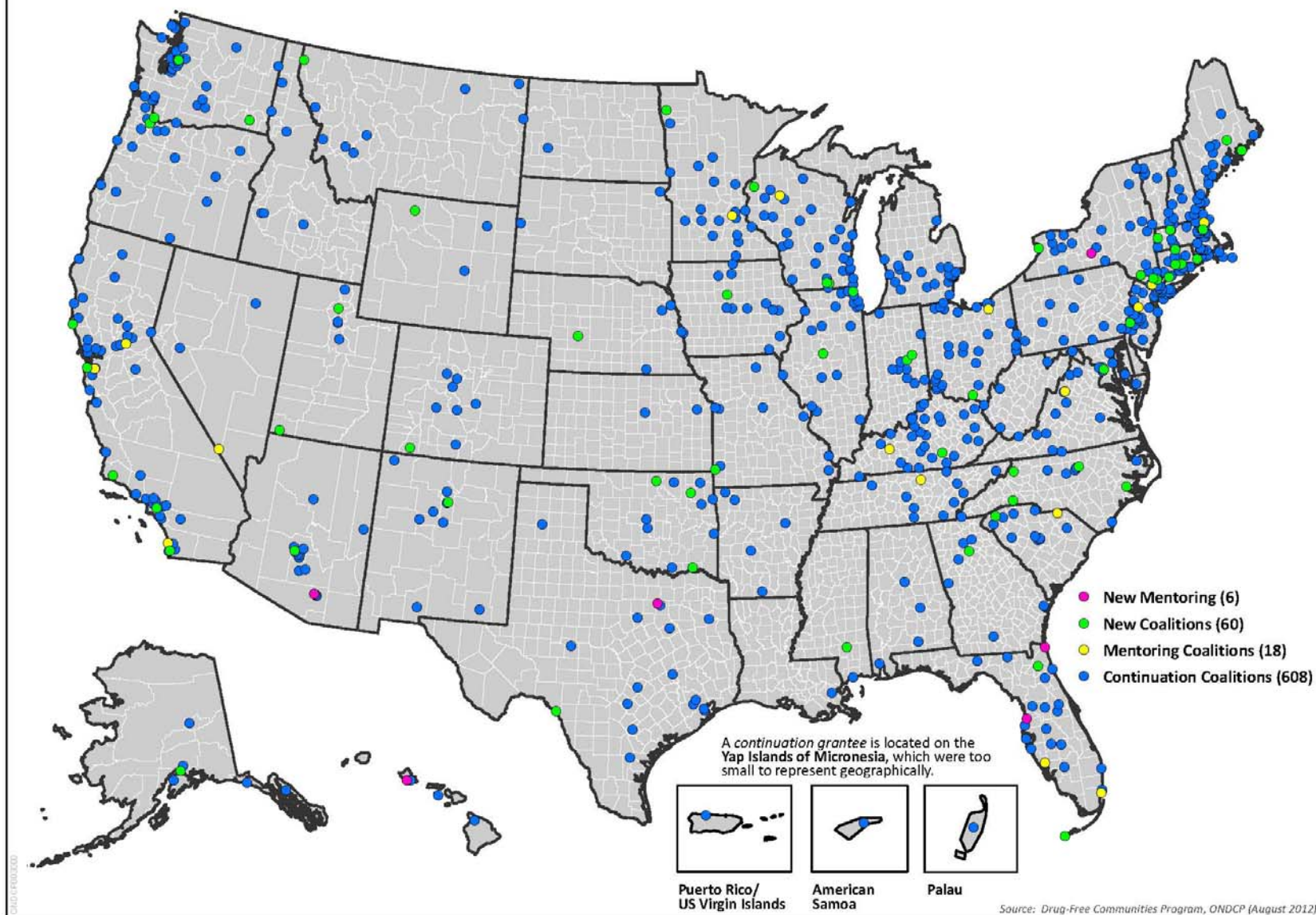
Bullitt County Partners in Prevention

Washington County Heartland Youth Coalition

Monroe County KY-ASAP Board

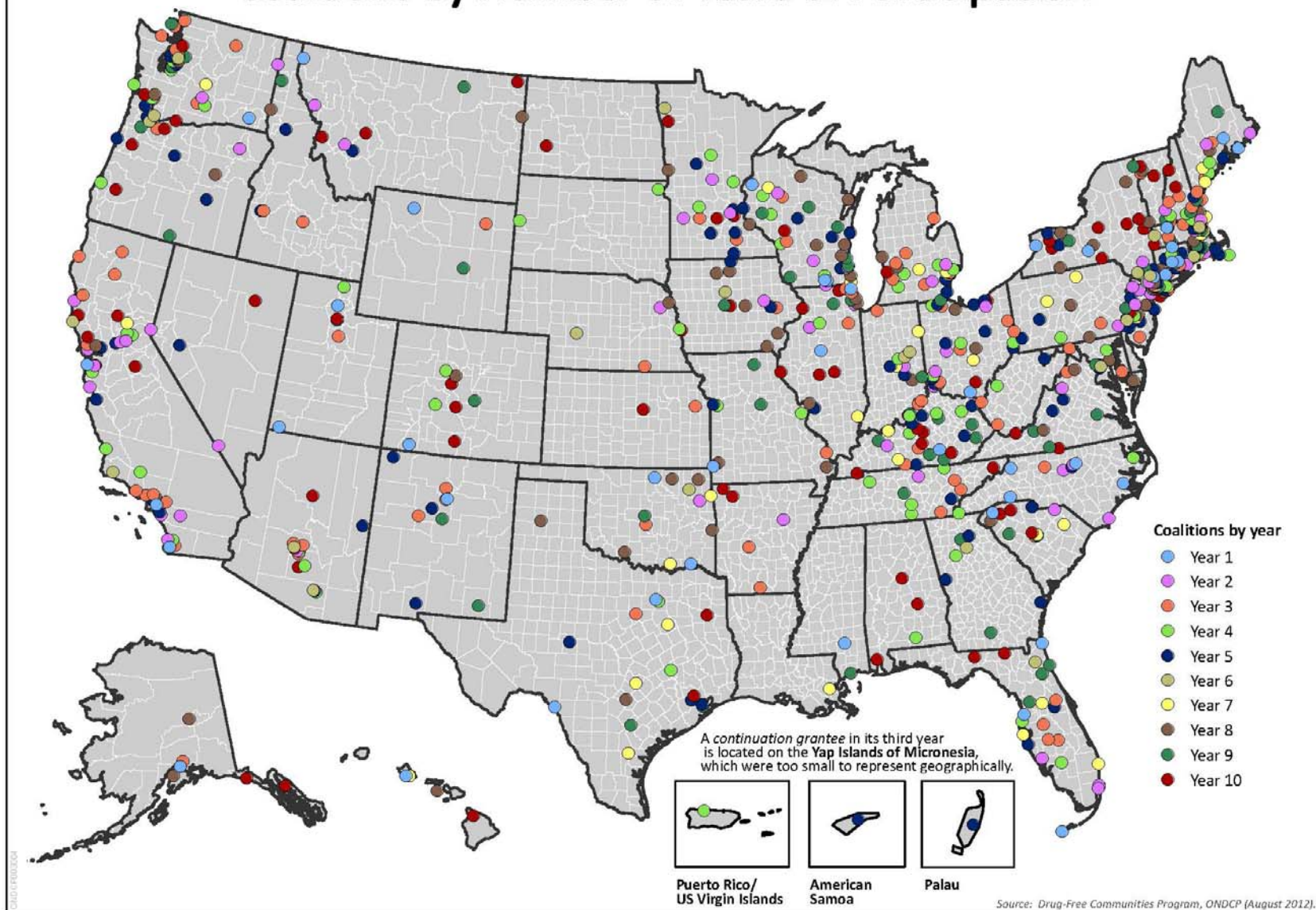
Champions for a Drug Free McCreary County

692 Drug-Free Communities Program Grantees for Fiscal Year 2012



Drug-Free Communities Program Grantees for Fiscal Year 2012

Coalitions by Number of Years of Participation



KY-ASAP: 100 Best Communities



The 100 Best Communities for Young People presented by ING is an annual competition, now in its sixth cycle, that rewards and recognizes communities making extraordinary efforts to reduce dropout rates and provide outstanding services and supports to their youth. These communities, while not without their own challenges to overcome, have demonstrated a significant and lasting commitment to their youth for which they deserve to be recognized and commended.

The 100 Best Communities are intended to be representative of the nation as a whole. Each year, the winners vary dramatically in size, location, demographics, resources, and approaches to their unique challenges. Past winners have ranged from small towns, such as a mobile home community in Minnesota; to some of the nation's largest cities, including New York City, Chicago and Houston; to counties and school districts.

All communities dedicated to making youth a priority and ensuring that all youth have access to outstanding education and support services are encouraged to apply for this recognition. Our decision is not based on a community's wealth or resources, and no specific approach to addressing the dropout crisis is given preference. Every application is assessed by America's Promise Alliance staff and the winners are chosen from a group of finalists by a blue-ribbon panel of national leaders on youth issues.

- ✚ Barren County
- ✚ Lexington
- ✚ Louisville
- ✚ Mt. Sterling/Montgomery County



KY-ASAP: 3rd Annual Youth Leadership Symposium

SAVE THE DATE
June 25-26, 2012
3rd annual
youth leadership symposium
holiday inn - cincinnati airport
keynotes by
phil chalmers &
justin lookadoo
open to students in
8th - 11th grades
(school year 2012-2013)

space limited **\$225 per group**
to **(4 youth + 1 adult)**
1st 40 groups

presented by



more info to follow

KY-ASAP: State Board Agency Report

KY-ASAP is required by KRS 15A.342 (formerly codified as KRS 12.332) (20) to report on “the proper organization of state government agencies that will provide the greatest coordination of services, report semi-annually to the Legislative Research Commission and the Governor on the proper organization structure, devising and implementing an accountability system to be designed to ensure efficiency and efficacy of service and grants, and on other matters as requested by the Legislative Research Commission and the Governor.” The following is the semi-annual update of state government activities and other organizations that serve on the KY-ASAP state board.

●Administrative Office of the Courts (AOC)

Federal:

Since 2009, the Administrative Office of the Courts, Division of Drug Court has partnered with the University of Kentucky Center on Drug and Alcohol Research and Morehead State University Department of Social Work to secure numerous federal grants with the Substance Abuse and Mental Health Service Administration (SAMHSA) and the Bureau of Justice Assistance (BJA).

In 2009, Drug Court received 2 SAMHSA grants and 1 BJA grant, both of which end in 2013. In 2010, Drug Court received 2 BJA grants, ending in 2013. In 2011, Drug Court received 3 SAMHSA grants and 2 BJA grants, ending in 2014. In 2012, Drug Court received 4 SAMHSA grants and 4 BJA grants ending in 2015. These grants not only allow for enhanced services but will also allow the drug court programs receiving the funding to increase the number of participants served overall.

The Kentucky Drug Court Executive Officer continued as secretary in the National Association of Drug Court Professionals (NADCP) National Board. The focus of the NADCP is to provide substance abuse education, share model programs, research and create partnerships across the country. The Division of Drug Court worked with the NADCP by participating in NADCP Congress meetings, by working with the NADCP National Board and by attending the NADCP conferences.

The Department of Family and Juvenile Services was awarded funding for Bullitt County Family Court through the Bureau of Justice Assistance to address substance abuse issues related to the removal of their children from their parents. The program received a no-cost extension that allowed program sustainability through September 2013. The funds are being utilized to ensure best practices are in place when dealing with these difficult issues that are impacting stability and permanency for families. Additionally, the Department of Behavioral Health was awarded a SAMHSA grant for an enhanced “Families Moving Beyond Abuse” program that will operate for 2 year past the original award.

The Department of Family and Juvenile Services was awarded a Justice and Mental Health Collaboration grant through the Bureau of Justice Assistance in Jefferson County. The collaborative grant provides services and support to juveniles with offenses related to substance abuse and/or mental health issues. The collaboration consists of the courts, Court Designated Workers, Department of Juvenile Justice, Seven Counties Comprehensive Care, and the Morton Center. A no-cost extension was awarded to sustain this program until March 2013.

BJA authorized funding through the Vera Institute of Justice (Vera) for both the Department of Corrections and the Administrative Office of the Courts. The collaboration between Vera, the Department of Corrections and the Administrative Office of the Courts, was to provide funding to both agencies for follow up training regarding House Bill 463. In 2012, the AOC began the planning process for the BJA funds provided through Vera. The Division of Pretrial Services will provide training to Pretrial Services staff and judges regarding the Pretrial Risk Assessment and Monitored Conditional Release program. The Division of Drug Court will provide training to supervisors regarding evidence based practices and tools for the most effective supervision strategies for drug court participants. Both trainings will occur in the spring of 2013.

A 2011 Kentucky Highway Safety Grant allowed for District Judge John McCarty, Butler/Edmonson/Ohio/Hancock Counties, Connie Neal, Manager, AOC Division of Drug Court and six other team members to attend the National DUI Court training in Athens, GA April 17-20, 2012. Since that time Judge McCarty and Ms. Neal have conducted DUI Court presentations for the Kentucky Lifesavers Conference and the Kentucky District Judges College. Judge McCarty is currently in the planning phase of implementing a pilot project within the next few months and then will apply for a Bureau of Justice Assistance DUI Court Implementation Grant during the 2013 federal grant cycle.

State:

Office of Drug Control Policy (ODCP):

ODCP administers funds to the AOC Division of Drug Court in coal producing counties. Adult Drug Courts in 15 counties are operational through these funds. Since inception, these programs have graduated 392 participants, have collected over \$640,114 in child support, restitution and court costs and as of December 31, 2012 had 200 active participants.

KY-ASAP:

KY-ASAP continues to collaborate with AOC Drug Court programs throughout the state. Jurisdictions have often sought and received assistance through KY-ASAP for enhanced funding for the basic essentials of Drug Court, drug testing and treatment. KY-ASAP local boards also provide a variety of assistance to Drug Court programs, ranging from providing transportation for participants, to purchasing graduation items, assisting with resources, or assisting with education about alcohol and drugs.

Drug Court staff have provided trainings and/or information regarding substance abuse to local KY-ASAP boards or other community groups.

Justice Assistance Grant:

The AOC Division of Drug Court applied for and received a Justice Assistance Grant which provided \$50,000 for specialty drug tests. Specialty tests are drug tests that, due to complexity, cannot be included in instant/rapid tests, but must be sent to a laboratory for analysis. Some examples of specialty tests include Bath Salts, K-2/Spice, Mushrooms and Tramadol. The grant period was from July 1, 2012 to December 31, 2012.

Operation UNITE:

The Division of Drug Court and Family and Juvenile Services Department continued to partner with Operation UNITE through the use of Operation UNITE's treatment vouchers, shared trainings, and collaborative projects. Local UNITE community coalitions assist individual Drug Court programs with a variety of needs ranging from assistance in arranging transportation to educational opportunities.

Stand in the Gap:

Bell County Drug Court has been involved with Stand in the Gap functions. Stand in the Gap is an organization looking to free communities from the hold drug addiction has cast on many families. More than 8,000 people from Virginia, Kentucky and Tennessee marched to Cumberland Gap in 2011 as part of the Stand in the Gap coalition.

Shop and Share:

Shop and Share is a joint initiative of the First Lady's Office, the Kentucky Domestic Violence Association (KDVA), Kroger, Food City, the Kentucky Commission on Women, the General Federation of Women's Clubs, the Girl Scouts of Kentuckiana, the Girls Scouts of Wilderness Road Council, and the Kentucky Drug Court to collect needed goods and funds for the 15 domestic violence shelters across the Commonwealth. The AOC Division of Drug Court has been involved with Shop and Share for five years. This collaboration provides an opportunity for Drug Court participants to give back to the local communities. Drug Court and the Center for Women and Families (Domestic Violence Shelter) have an on-going working relationship to assist Drug Court participants with providing domestic violence education.

Local Government and/or Entities:

Fiscal Courts:

Several fiscal courts throughout the state continue to provide money and/or space for Kentucky Drug Court programs in their jurisdiction. This funding pays for staff, additional treatment and additional drug testing.

Steering Committees:

Drug Court programs have influential leaders/citizens in the community that comprise a steering committee. A steering committee may raise funds to assist and

help with buying food for drug court events, graduations, or special holiday dinners. Some steering committees have been known to assist participants with in-patient treatment beds and other financial burdens.

SCAD (Scott Countains Against Drugs):

The SCAD provided funding for the Scott County Drug Court staff to attend the Kentucky School of Alcohol and Other Drug Studies for the past two years.

Louisville Urban League:

The Louisville Urban League has provided work force development through job readiness and job placement programs. They have also provided housing and educational counseling to the Jefferson County Drug Court participants.

Educational Opportunities:

The Division of Drug Court conducted numerous process meetings across the state during 2012. The purpose of the meetings was: to train new drug court judges and team members and for the teams to perform self-evaluation of their programs and processes. The training and self-evaluation ensures that each team continues to utilize the National Association of Drug Court Professionals 10 Key Components for Drug Courts and the Kentucky Supreme Court's Drug Court Administrative Procedures. Along with drug court staff, judges and team members, representatives from several community service organizations and other agencies partnering with drug courts attended the meetings. Representatives included, but were not limited to, local community mental health agencies, local and state law enforcement agencies, jailers, prosecutors and defense bar, Department of Social Services, Office of Vocational Rehabilitation, probation officers, past drug court graduates, members of the faith based community, local pharmacists and physicians, Circuit Court Clerks and others interested in and involved with the drug courts.

Free or inexpensive educational opportunities were available to Drug Court staff. These trainings were provided by the Division of Mental Health and Substance Abuse (MHSA), University of Kentucky Institute on Women and Substance Abuse, DJJ, Operation UNITE and Oasis.

Pretrial Services:

The AOC Division of Pretrial Services uses various methods to identify substance abuse issues of those supervised through monitored conditional release and diversion programs. Pretrial Services use a combination of standardized screening instruments, past criminal history and referrals to community providers to determine treatment needs of each client.

Based on an assessment and specific criteria, a recommendation is made to the court for consideration of release from jail with the condition of obtaining a substance abuse evaluation by a licensed treatment facility or obtaining treatment. In some cases, drug testing along with treatment is recommended. If approved by the court, the Pretrial Officer meets with the client and provides him or her with a list of licensed treatment providers in the region. Pretrial Services then monitors

compliance with the treatment conditions and/or drug testing until final disposition of the client's court case.

In accordance with 2010 changes to chapter 431 of Kentucky Revised Statutes, pretrial officers identify defendants who have been arrested and are veterans and/or who had been in combat. In 2012, RCr 4.08 was amended to inform defendants with recent or past military service that, with permission, contact information will be provided to Veteran's Assistance. For those who do not wish Pretrial Services to share contact information with VA, Pretrial Services Officers ensure that services such as substance abuse treatment, mental health treatment, housing, education and counseling are offered to veterans as standard practice.

In calendar year 2011, 53% of all defendants interviewed were identified as having potential issues with substance abuse and in calendar year 2012, 52% of all defendants interviewed were identified as having potential issues with substance abuse.

• Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities Division of Behavioral Health

The Division of Behavioral Health Substance Abuse Prevention Branch
Substance Abuse Prevention and Treatment Block Grant Prevention Set-Aside:

No less than 20% set aside for primary prevention programs for individuals who do not require treatment for substance abuse. The majority of this prevention set aside is allocated to the state's network of Regional Prevention Centers (RPCs) housed within the Community Mental Health Centers (CMHCs) and Kentucky's network of Prevention Enhancement Sites. These prevention funds allow the RPCs to implement community-based strategies consistent with the Strategic Prevention Framework to reduce the consequences of substance use by youth and adults and to build community coalitions to support prevention efforts. The RPCs are excellent community consensus builders and many have been instrumental in assisting their communities in establishing tobacco and alcohol related ordinances.

Accomplishments:

With the advent of SAMSHA's Strategic Initiative # 1 the field of substance abuse prevention has changed significantly since the last reporting period. SAMSHA's Strategic Initiative # 1 challenges state prevention systems to expand the scope of their prevention activities to include mental illness and suicide prevention. The four goals of the Strategic Initiative # 1 are:

1. With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
2. Prevent or reduce consequences of underage drinking and adult problem drinking.

3. Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.
4. Reduce prescription drug misuse and abuse.

Goals 2 and 4 fall within the established scope of work of the Prevention Branch, while goals 1 and 3 are new and will require wide scale capacity building and planning.

To meet the challenges posed by Strategic Initiative # 1 The Division of Behavioral Health Prevention Branch engaged in an extensive planning effort to integrate the goals of SAMSHA's #1 Strategic Initiative into its Annual Prevention Block Grant plan. The Prevention Branch provided 3 statewide trainings on the integration of mental health and substance abuse prevention during the calendar year 2012 to its service providers, regional Prevention Staff and prevention coalition members at large. The Integration of Mental Health and Substance Abuse Prevention, facilitated by Michael Compton, drew 117 participants from Regional Prevention Centers, Community Mental Health Centers and private treatment providers. Seventeen State Staff from the Division of Behavioral Health attended also.

The LGBTQ2S Training drew 71 participants – 10 state staff from the Division of Behavioral Health, as well as a number of Regional Prevention Center staff and community coalition members.

The Faith Hope Future Conference which targeted risk factors for substance abuse and behavioral health among the military and their families drew 77 participants. The conference focused on such as mental and spiritual health injuries; Post Traumatic Stress Disorder; Post Traumatic Spiritual Disorder; Traumatic Brain Injuries; Military Sexual Trauma; spousal and child abuse; depression, substance abuse, and adjustment disorders. 11 RPC Staff attended and 2 DBH Staff.

The Strategic Prevention Framework Partnership for Success II Grant:

In October of 2012, The Division of Behavioral Health was awarded a 2.7 million dollar PFS II grant by the Center for Substance Abuse Prevention. The SPF-PFS II, a three year grant, builds upon the experience and established SPF-based prevention infrastructures of States to address two of the nation's top substance abuse prevention priorities in communities of high need. The program is based on the premise that changes at the community level will, over time, lead to measurable changes at the State level. By working together to foster change, States and their SPF-PFS II funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the goals of the SPF-PFS II. All PFS II Grantees must use a data driven approach to address either underage drinking or prescription drug, abuse or both. Grantees are required by the grant to achieve a state wide level reduction in the consumption and consequences of their identified priority.

Kentucky's Strategic Prevention Framework Grant will focus on both priorities:

- 1) Underage drinking among persons aged 12 to 20 and 2) prescription drug misuse and abuse among persons aged 12 to 25.

Kentucky's broad objectives include partnering with Kentucky's Regional Prevention Centers to:

- 1) Prevent the onset and reduce the progression of underage drinking and prescription drug misuse and abuse within the seven regions of highest need.
 - 2) Reduce the consequences of underage drinking and prescription drug misuse and abuse within the regions of highest need.
 - 3) Strengthen the prevention capacity at state and community levels for promoting mental health and for addressing the problems associated with underage drinking and prescription drug misuse and abuse
 - 4) Leverage, redirect and align state-wide funding streams and resources for prevention to comprehensively address the problems associated with underage drinking and prescription drug misuse and abuse.
- The population to be served includes the 602,171 youth and young adults in the seven regions.
 - Regions of high need identified for underage drinking are:

Adanta
Communicare
Bluegrass
Seven Counties
 - Regions of high need identified for prescription drug misuse and abuse are:

Lifeskills
Pennyroyal
Communicare
River Valley
 - The Regional Prevention Centers in each of these regions will engage local substance abuse coalitions to plan and implement strategies to address their priority, provide training and technical assistance as well as monitor progress and report outcomes.

Strategies to Address Underage Drinking include:

- Implementing local policies that target social access of alcohol to youth (i.e. social host ordinances)

- Working with local government and law enforcement to strengthen enforcement of existing laws prohibiting the provision of alcohol to minors by adults.
- Responsible beverage service training, alcohol compliance checks.

Strategies to address prescription drug misuse and abuse include:

- Supporting the full implementation of recently passed legislation (HB1) related to prescribers use of Kentucky's all Schedule Prescription Electronic Reporting (KASPER) system
- Conducting large scale informational campaigns directed adults and senior citizens on proper storage and disposal of prescription medication.
- Large scale media campaigns aimed to change youth's misperceptions about prescription drugs (i.e. that prescription drugs are safer than "street" drugs, that they are not addictive, and that it's OK to self-diagnose and take someone else's medication)
- Installation of prescription drug "drop boxes" to dispose of old medication.

Changing Social Norms and Policy

As reported last year, Prior to the publication of SAMSHA's Strategic Initiative # 1 the Kentucky prevention system had already undertaken a large scale effort to address underage drinking and prescription drug misuse. This initiative, Changing Social Norms and Policy (CSNaP) was begun early in 2011 and appeared in last year's report. The Department for Behavioral Health has been able to sustain the CSNaP effort with block grant funding. The bulk of CSNaP funding for state fiscal Year 2013 was allocated to those regions who are not targeted by our Federal Partnership for Success grant. Through this grant the Regional Prevention Centers, working with coalitions in their area continue to implement environmental strategies to: 1) strengthen enforcement of existing laws that seek to limit availability of alcohol and prescription drugs to youth, 2) introduce new policies where needed, 3) raise awareness of the consequences of underage drinking and prescription drug abuse. Examples of CSNaP work products have been included below.

TEENS AND ABUSE OF PRESCRIPTION DRUGS

This booklet is designed to help parents in Kentucky establish drug and alcohol free families. It is also designed to educate parents on signs, symptoms, short-term and long term effects of prescription drug abuse. Many parents don't believe they know enough about prescription drug abuse thus the importance of education in regard to this rising problem. Teens are accessing prescription drugs with easy routes and as parents it is our responsibility to safeguard these prescriptions in our homes.

Unfortunately, prescription drug use and abuse is on the rise for the Commonwealth of Kentucky. Teens tend to view prescription drugs as less harmful because they are prescribed by a doctor. That is not the case, of course, and this booklet will educate you on the dangers of abusing prescription drugs and how it is illegal. Teens at times don't understand how dangerous abusing prescription drugs can be. According to REACH of Louisville, one in every twenty-five high school seniors tried Oxycontin in 2010. * <http://www.reachoflouisville.com/>

Teenagers deserve to live and grow to adulthood in a home where drugs are not a dominant influence. Parents and children should be able to talk openly, and share their concerns, questions, and knowledge about this important issue.

We live in an era where there are many subtle pressures on our children. We are bombarded by the media to live in a no-pain society. The common message seems to be that it is difficult to experience life without a substance, such as aspirin, cigarettes, alcohol or other drugs.

Students say that their drug use is not always the result of direct peer pressure. Teens tend to experiment with prescription drugs or other substances because of curiosity, boredom, tension, loneliness, or to be part of a group.

It is our job as parents to help our children learn the skills that will prevent abuse. Prevention begins at home, at an early age, and our work must continue until our children are capable adults. Parents must set acceptable standards of behavior for themselves as well as for their children. The adult role model is still more influential than that of teen peers.

The Facts

Teens (12-17) in western and southeastern states are more likely to abuse prescription pain relievers. Arkansas (10.3%), Kentucky (9.8%), Montana (9.6%), Oregon (9.3%), Oklahoma (9.1%), Tennessee (8.9%), and West Virginia (8.9%).

Prescription drugs are the most commonly abused drug among 12-13 year-olds. Teens aged 12-17 and young adults aged 18-25 were more likely than older adults to start abusing prescription drugs in the past year.

Teens are turning away from street drugs and using prescription drugs to get high. New users of prescription drugs have caught up with new users of marijuana.

Teens are abusing prescription drugs because they believe the myth that these drugs provide a medically safe high.

When teens abuse prescription drugs, they often characterize their use of the drugs as "responsible", "controlled", or "safe", with the perception that the prescription drugs are safer than street drugs.

http://www.deadiversion.usdoj.gov/mgs/methodone_alterfacts_&_fallacies.pdf

Access to Prescription Drugs

Points To Ponder:

- Drugs are readily available. Most students, whether or not they are users, know how and where to obtain them. The supplier is often another teen and not the "typical" drug dealer of the parent's imagination.
- Prescription drugs can be accessed from friends, family and from acquaintances at school or even on the street.



Kentucky youth who drink underage report that they obtain alcohol from older friends, siblings and other adults more often than from retail outlets.

Know the law and *DON'T* provide alcohol to underage youth.

In Kentucky, if you knowingly give, purchase, or procure any alcoholic beverage in any form to or for a minor, you may be found guilty of unlawful transaction with a minor in the third degree (KRS 530.070). This is a Class A misdemeanor and could result in up to **one year in jail and a \$500 fine.**

In addition, many communities across Kentucky now have local social host ordinances that hold a property owner responsible for an underage drinking party that occurs on their property. Penalties vary across communities but typically include hefty fines and sometimes require the property owner to reimburse the community for the cost of any emergency or enforcement response.

Why does underage drinking matter? Drinking and driving crashes are not the only negative consequence of underage drinking. Teens are still undergoing significant brain development - until they reach their early 20s. Exposure to alcohol can keep vital areas of the brain responsible for memory, judgment, and decision making from reaching their full potential.

Teens who drink are also at increased risk for physical injury, sexual assault, unprotected sex and unplanned pregnancy. And teens who begin drinking before age 15 are **four times** more likely to eventually develop alcohol dependence. **The cost is life long.**

For more information, contact Kentucky's Alcohol Prevention Enhancement Site Coordinator.
P.O. Box 13670, Lexington, KY 40583-3670 (T): 859.225.3296 (F): 859.254.2412
To contact your local Regional Prevention Center, go to www.mhmr.ky.gov/mhsas/sa_rpc.asp.

State Epidemiological Outcomes Workgroup

DBH has completed its State Epidemiological Outcomes Workgroup Grant. The workgroup has accomplished numerous goals, and continues to provide the Prevention Branch with updated data on substance abuse related data for planning purposes. Accomplishments include:

- a draft of a state epidemiological profile for the state of Kentucky and a draft of a regional profile,
- a dissemination plan to increase awareness of prescription drug misuse and abuse in Kentucky and the consequences associated with it. The plan identifies target audience/end users, identifies the most useful data to be used in awareness campaigns suggests formats and mediums to disseminate the information and identifies potential challenges and barriers.
- A statewide needs assessment for the Partnership for Success II (PFS II) Grant
- Regional data profiles of the 7 regions targeted in the PFS II,

Synar Program

A requirement of the Federal Block Grant funding is the annual Synar survey. This survey is conducted by the DBH in collaboration with the Office of Alcoholic Beverage Control. The survey is conducted by ABC Officers and recruited youth who attempt to buy tobacco products from a number of randomly selected retailers. This year Kentucky's noncompliance rate was 5.6% - a slight decrease from last year's rate of 5.7% Kentucky's baseline rate in 1997 was 24%. This meant that 24% of the retailers surveyed sold tobacco products to underage youth. The requirement for the Block Grant compliance is that the state's non-compliance rate must be under 20% of the retailers or the state risks a loss of 40% of Block Grant funds. Starting in 1997, Kentucky's non-compliance rate has fallen from the baseline of 24% to this year's non-compliance rate of 5.7%. This rate is one of the lowest in the nation and is truly an accomplishment for Kentucky. While Kentucky's retail violation rates have greatly improved, youth still report that it is easy to obtain tobacco products from stores and from non-commercial sources such as an older friend, sibling or parent.

Lack of licensing of Kentucky tobacco vendors continues to be a significant challenge to our Synar program. Our list of retailers is acquired through Dunn and Bradstreet, the Kentucky Lottery Association, and Info USA. This list is subsequently "cleaned" based on information that we receive from the inspectors in the field and our RPCs who perform local compliance checks and implement the Synar cover study. According to our most current list there are 5,007 known tobacco retailers in the state of Kentucky. However, it is likely that a number of these vendors have gone out of business and that other new stores have opened about which we have no

information. This makes it very difficult to ensure that all tobacco outlets have an equal chance of being selected for the random sample of Synar compliance checks.

In terms of perceived availability of cigarettes, the longitudinal trend from Kentucky Incentives for Prevention Survey (KIP) 2003-2008 shows marginal, but steady decreases across all grade levels (6th, 8th, 10th and 12th). The most recent Kentucky data on perceived availability of cigarettes compares very favorably with the latest Monitoring the Future data. Nationally 55% of eighth graders report that cigarettes are easy, or sort of easy to get, as compared to 49% of Kentucky 8th graders. Nationally, 76% of 10th graders report that cigarettes are easy to get while in Kentucky that figure stands at 71%.

While some modest progress has been made in lowering cigarette usage among Kentucky youth, usage of smokeless tobacco has significantly increased. All grades surveyed (6th, 8th, 10th, 12th) are double, and in some cases triple the national average in past 30 consumption of smokeless tobacco. In order to address this problem the Synar program will expand the number of inspections that are performed for smokeless tobacco during its annual Synar Survey.

As part of its Synar program, The Department of Alcoholic Beverage Control, the Tobacco Prevention and Cessation Program, and the Division of Behavioral Health collaborated to provide a "States and the Tobacco Control Act" conference to educate prevention professionals about new federal (FDA) tobacco laws. Speakers at the conference included the Commissioner of the Department for Alcoholic Beverage Control, the Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities,

David Racine, Office of Compliance and Enforcement Center for Tobacco Products, and Jennifer Wagner, National Synar Program Coordinator. Over 90 substance abuse prevention professionals and local coalition members attended

Tobacco Retail Underage Sales Training (TRUST)

The Division of Behavioral Health, in collaboration with of Alcoholic Beverage Control and the Tobacco Prevention and Cessation Program of The Department of Public Health, have developed a new program for employees and owners of retail establishments that sell tobacco. The program is called, "Tobacco Retail Underage Sales Training" (T.R.U.S.T.). Unlike other tobacco retailer training programs T.R.U.S.T. is offered free of charge and includes information specific to Kentucky as well as the new federal tobacco laws being enforced by the Food and Drug Administration (F.D.A.). TRUST is separate from our STAR program in that it focuses solely on tobacco and can be accessed online as well as in a face to face setting.

The T.R.U.S.T. program is designed to:

- Educate employees and store owners about State and Federal tobacco laws
- Educate employees how to verify that customers purchasing tobacco products are of legal age

- Help store owners and employees avoid costly fines

The T.R.U.S.T. program features:

- Content that is consistent with FDA guidelines for tobacco retailer training
- Two different training formats - online or face to face for your convenience
- Training certificates and test results for each employee (FDA recommended)
- Additional support documents and tip sheets to ensure that your store tobacco policy meets FDA guidelines
- Regularly updated training content to keep up with changes in federal and state tobacco laws

The TRUST program became available in June of 2012. The following outcomes have been achieved thus far:

- As of December, 23 retailers completed in-person training and 264 retailers completed on-line training.
- Partnered with United Dairy Farmers and Northern Kentucky Health Department to provide in-person training to all Kentucky clerks.
- Partnered with Five Star Food Marts (owned by Newcomb Oil) to provide annual and new employee training to all personnel with the on-line module.
- An article was published in the Kentucky Grocer's Association and Kentucky Association of Convenience Stores' newsletter promoting the TRUST training.
- In the process of creating post cards to send to retailers and compiling a list of regional managers for chain stores to further promote the training.

The Prevention Enhancement Sites (PES)

The Prevention Enhancement Site (PES) system was created in 1998 through a State Incentive Grant from the Center for Substance Abuse Prevention (CSAP), to do research and provide technical assistance and training to Regional Prevention Centers and local coalitions on best practices in Alcohol, Tobacco and Other Drug (ATOD) abuse prevention.

The system consists of five sites, each with a particular area of expertise: alcohol, tobacco, marijuana, Fetal Alcohol Spectrum Disorder and faith-based initiatives.

The PES system serves Regional Prevention Centers, local prevention planning boards, Champions groups, faith-based groups and other local stakeholders. PES services are provided to prevention groups in Kentucky free of charge.

Working within the Strategic Prevention Framework process, the Prevention Enhancement Sites are instrumental in increasing the effectiveness of local community efforts to decrease the availability of alcohol, tobacco and other drugs. The following report highlights some of the major accomplishments of the Prevention Enhancement Sites for 2010-2011.

Alcohol PES:

151 different agencies/prevention groups received services.

Conducted 19 trainings. Topics included: Alco pops; Controlled Party Dispersal/Safe Release; Underage Drinking: Not a Minor Problem; Motivating Community Change Around Underage Drinking: Health Communications and Social marketing; Current Status of Alcohol Ignition Interlock Law and Youth Alcohol Advocacy.

National and State Legislative Efforts:

- Provided talking points and instructions to statewide prevention agencies and coalitions on how to submit comments to the FTC on their proposed settlement with Four Loko on product packaging/warning on cans.

- Met with Chairman of House Licensing and Occupations Committee to discuss problems with promotion/product placement in stores and provided input on the implications of the proposed makeup of Task Force on Kentucky Alcoholic Beverage Laws and Regulations.

- Discussion with ABC leadership, to consider pursuing limits on serving size/alcohol content in products sold by malt beverage licensees (off premise retail sales).

Policy Changes/Ordinances

- Monroe and Knott Counties passed Social Host Ordinances

- Lexington Legends owner re-instated "last call for alcohol" at the 7th inning.

Faith-based PES:

540 people received technical assistance, consultation, training or information in 2012.

- Sponsored the first Faith-Hope-Future Conference with 84 participants. Out of these participants, 20 volunteered to receive further training to become prevention leaders in their faith communities.

- Developed materials specific to faith communities on underage drinking prevention, prescription and over-the-counter drug abuse prevention, and suicide prevention. Materials were made available on the the Faith-based PES website.

- Assisted 16 faith groups from seven regions to access funding from SAMHSA to hold Underage Drinking Town Hall meetings.

- Nine new groups implemented the Guiding Good Choices curriculum.

FASD PES:

- Developed Baby Love FASD prevention program for download off the FASD website. By July of 2012 the presentation had been downloaded 2,047 times with 817 of the downloads occurring in Kentucky.

- Continued the Speak Up campaign which asks volunteers to take information about FASD to their medical provider when the volunteer has an appointment. By July 2012, 600 community members had volunteered.

- In conjunction with FASD Awareness Day, 500 volunteers across the state hosted premiere showings of Kentucky's first FASD documentary "These Nine Months."

- Presented at six professional conferences and provided training for 25 separate agencies.

- Secured \$41,500 additional funding for sustainability.

Marijuana PES:

- Conducted four statewide trainings in partnership with Prevention Research Institute on the latest research regarding marijuana along with strategies to address the issue in local communities.

- Conducted trainings on synthetic marijuana and how to get the products removed from vendor shelves.

- Assisted with video production targeting parents about the use of synthetic substances. Approximately 500 DVDS were distributed.

Ordinances/Policy Change

- Advocated and supported the Senate Bill banning synthetic marijuana that passed in session on April 12, 2012.

Tobacco PES:

- Provided training to 17 agencies across the state. Topics included policy implementation, spit and spitless tobacco; trends in tobacco products; retailer education; tobacco free schools policy development; e-cigarettes and the "Take It Outside" campaign.

- Continued partnerships with and provided consultation on tobacco prevention and cessation for Dept. of Public Health, Kentucky Center for Smoke Free Policy; ABC and the Department of Education.

- Provided funding and technical assistance to four youth coalitions for tobacco-free school policy efforts.

- Provided funding and "Help Overcome Tobacco" materials to the Youth Leadership Symposium.

Ordinances/Policy Changes

- Ashland Community and Technical College became the first community college to have a Tobacco Free Campus. This impacts three campuses and approximately 5200 students, faculty and staff.

- Somerset and Franklin County passed smoke-free ordinances.

- Began work with Monroe County on a smoke-free ordinance and 100% tobacco free schools.

Youth Empowerment System (Y.E.S.)

The goal of the Youth Empowerment System is to build capacity for Kentucky youth to plan, implement and evaluate substance abuse prevention strategies in their schools and communities. Y.E.S. is led by a steering committee composed of representatives from each of the Regional Prevention Centers. A primary responsibility of the Y.E.S. steering committee is to evaluate and fund yearly grant applications and plans submitted by youth groups across the state. In FY 2012, thirty-six (36) groups received grants up to \$1500 for a total of \$48,995.00.

KIDS NOW Plus

This program is mainly funded by Tobacco Settlement funds through the Governor's Office of Early Childhood in conjunction with a limited amount of Substance Abuse Prevention and Treatment Block Grant dollars. This funding primarily supports services to women experiencing high-risk pregnancies due to substance abuse in an effort to reduce negative birth outcomes such as low birth weight, prematurity and developmental delays.

Referrals to the program come from local public health departments, private doctors, school programs, and other community agencies who utilize a screening tool to refer pregnant women to the program. Services are provided in eight (8) community mental health regions of the state and include universal education classes for all pregnant women on the risk of substance use during pregnancy and the importance of abstinence; intensive prevention classes for pregnant women who have risk factors associated with an increased probability of developing a substance abuse problem across their lifetime; and intensive case management for pregnant women with current substance abuse or related problems.

Case managers help these high risk pregnant women identify a plan to address their service needs. These needs typically include referrals for substance abuse treatment as well as mental health and domestic violence services. In addition, case managers typically connect the women with other community services such as prenatal care, housing, and food stamps. Follow-up after the birth is continued for two months.

Women who receive case management services complete a baseline and postpartum assessment. The baseline information is used for service planning with the women as well as data for evaluation of the program that is completed by the University of Kentucky Center for Drug and Alcohol Research. Frontline staff has been trained in the evidence-based practices of Motivational Interviewing, Intensive Case Management and the use of Motivational Incentives.

In FY 2012, the program outcomes included:

- 1,593 women received universal prevention education
- 236 women, with additional risk factors, received intensive prevention education
- 536 new pregnant women received case management services this year
- 9,381 individual case management contacts were made
- 350 pregnant women completed the baseline assessment tool and received a variety of clinical services and interventions based upon a very complex array of individual needs.

Birth Outcomes

The evaluation of birth outcomes was completed on 266 high risk pregnant women participating in KIDS NOW Plus case management services. These women gave birth between October 10, 2011 and October 31, 2012 and were compared to the general population of Kentucky women who gave birth during this same time period (n=55,300). The birth outcome data was taken from Kentucky Vital Statistics records. The KIDS NOW Plus birth outcomes, when compared to the birth outcomes from Kentucky women giving birth in the same time period, showed the following very positive findings:

EVEN WITH MULTIPLE RISK FACTORS, THERE WERE NO STATISTICALLY SIGNIFICANT DIFFERENCES IN THE FOLLOWING BIRTH OUTCOMES BETWEEN THE HIGH-RISK GROUP WHO RECEIVED KIDS NOW PLUS SERVICES AND THE GENERAL POPULATION OF PREGNANT WOMEN GIVING BIRTHS DURING THE SAME PERIOD.

BIRTH CHARACTERISTICS	KIDS NOW PLUS GROUP	GENERAL POPULATION OF KY WOMEN GIVING BIRTH
Average gestational weeks	38.2	38.3
Premature births	13.3%	11.1%
Birth Defects or Anomalies	.7%	.5%
Average highest Apgar score	8.8	8.9

While KIDS NOW Plus clients gave birth to babies who weighed significantly less on average (6lbs, 14 oz) than babies in the general population (7 lbs, 3 oz), the average birth weight of the KIDS NOW Plus babies is not considered low birth weight which is 5lbs, 8 oz. There was also no statistically significant difference in the number of prenatal care visits between the two groups of pregnant women (11.7 and 12 respectively).

Making Healthy Choices is the universal prevention education curriculum used in the KIDS NOW Plus program. For the first time, during the time period of October 1, 2011 through September 31, 2012, pre and post tests were given to the pregnant women attending these substance abuse prevention classes. This evaluation information has been analyzed and shows that these pregnant women demonstrated a significant gain in knowledge across the majority of the test items related to the harmful effects of substance use during pregnancy.

The positive fiscal impact of this program is realized in the reduction of problems related to drug-affected births as well as the improved health of the mothers. The long-term effect of this program is healthier mothers, healthier babies, and decreased utilization of special services to address the needs of children who may otherwise have been in need of specialized care across their lifespan.

4. The Tobacco Program has met 8 out of 12 Healthy Kentuckians 2010 objectives including adult smoking, youth smoking, and the proportion of youth who have never smoked.
5. The Tobacco Program and Coordinated School Health Programs (Dept of Education and Dept for Public Health) continue to promote 100% Tobacco Free Schools. On June 28th, a joint letter was sent to Superintendents of Kentucky School Districts encouraging the passage and implementation of a 100% Tobacco Free School Policy from Commissioner Terry Holliday, Ph.D., Kentucky Department of

Education and Commissioner William Hacker, MD, Kentucky Department for Public Health. This letter exemplifies the partnership between health and education to help improve the health status of our students and their families, school staff and the public-at-large.

●Kentucky Department for Public Health

Tobacco use is the number one public health threat in Kentucky. Our adult and youth smoking rates, annual deaths related to smoking, and lung cancer death rates are among the highest in the country. Tobacco-related diseases cause more deaths in Kentucky and across the nation than AIDS, automobile accidents, homicides, suicides, alcohol, and illicit drug use combined.

The Tobacco Prevention and Cessation Program is primarily funded by Kentucky's Master Settlement Agreement (MSA). Approximately, eighty percent of Public Health MSA funds (for tobacco prevention and cessation) are distributed to local health departments. The Program also receives grant funds from the Centers for Disease Control and Prevention. Grant funds cover state staff, administrative costs, and a local grants program.

All local health departments have a Tobacco Prevention and Cessation Specialist whose activities include youth prevention education in schools, promoting smoking cessation, conducting community assessments, providing technical assistance to schools and businesses, and developing youth and adult coalitions to promote policy and environmental changes such as local smokefree ordinances.

The Tobacco Prevention and Control Program is an active partner on the KY-ASAP Board and at the local level (through local health departments) working together to reduce youth smoking, illegal sales to minors, promoting tobacco cessation including providing Nicotine Replacement Therapy (NRT), and supporting 100% Tobacco Free Schools.

2012 Highlights

- Five school districts passed 100% Tobacco Free School policies. Overall, 26 school districts have a 100% Tobacco Free policy (14% of all school districts; 20% of individual schools).
- The Kentucky Department for Public Health, in partnership with the Department for Alcoholic Beverage Control and the Division for Behavioral Health, Developmental and Intellectual Disabilities, launched a new training aimed at helping vendors understand changes in tobacco laws governing underage sales.

The TRUST program is designed to 1) educate employees and owners of stores that sell tobacco of the legal responsibilities and liabilities for selling tobacco products to anyone under 18; 2) educate employees about how to verify that customers purchasing tobacco

● **Kentucky Department of Education (KDE) (no 2012 report submitted)**

During Fiscal Year 2011, KDE no longer provided Title IV funding and technical assistance to our 174 school districts, due to the inactivation of the title program. Title IV funding was used in the past to purchase and/or implement research-based programs shown to be effective in reducing behaviors in young people in regards to drug, alcohol and violence. The KY General Assembly still provides safe school funding to KDE for the KY Center for School Safety to distribute safe school flexible focus funds to all 174 districts.

● **Public Protection Cabinet (Alcoholic Beverage Control) (no 2012 report submitted)**

The Kentucky Department of Alcoholic Beverage Control (ABC) licenses and regulates the sale of alcoholic beverages in Kentucky. Along with that responsibility, ABC actively combats youth access to alcohol and empowers licensees to serve alcohol responsibly through effective programs and policies. ABC ensures compliance and understanding of ABC laws through a two-pronged approach of education and enforcement.

Education

The Education Branch within the Department of Alcoholic Beverage Control provides the Server Training in Alcohol Regulations (S.T.A.R.) training seminars throughout the state. This program is in place to train and educate the people who work with, sell and serve alcohol in Kentucky. The main goals of S.T.A.R. are to reduce alcohol sales to minors, reduce sales to intoxicated persons, to provide information on Kentucky Revised Statutes relating to alcohol sales and to inform servers of legal liabilities when serving or selling alcoholic beverages. Participation in the program results in a better-trained and informed workforce for our retailers' establishments. Upon completion of the four-hour course and passing the exam, participants are awarded a certification from the Commonwealth of Kentucky, which is valid for three years. The Department trains approximately 4,000 individuals annually. Classes are rotated to various statewide locations to provide accessibility to all retailers and their employees as well as city and county ABC Administrators, prevention groups and law enforcement officers. ABC currently has 21 contract trainers strategically located throughout the Commonwealth that provide the instruction during the S.T.A.R. classes. The Education Branch sets the dates and locations of classes, on-site requests and special event trainings, along with promoting the S.T.A.R. program.

During 2011, 225 classes were held with 4,026 individuals being trained. Since the beginning of S.T.A.R., there have been approximately 33,000 people certified through the program. The agency deems this a contributing factor to the significant decrease in sales to minors as measured by our Department's Operation Zero Tolerance Program. Sales to minors decreased from 24% in 2001 to 6% in 2011. This represents a reduction of 18% in the past ten years.

Emphasis on server training continues to increase with five new communities in Kentucky mandating server training in 2011, bringing the total number to 52 cities and/or counties. Many have requested ABC's assistance and indications are that numerous other communities will follow in the future as more areas change from dry to wet via local option elections.

In addition to the S.T.A.R. training program, the Education Branch conducted special event training to organizations that sell and serve alcohol at temporary locations during 2011, such as the Louisville and Northern Kentucky Archdioceses, Frankfort Jaycees and other civic and private organizations. Education Branch personnel also developed and delivered presentations statewide to various civic organizations as well as high schools, universities and the general public. These groups included: Lexington Mayor's Alliance, Madison County Court Diversion Program, Adair County High School, Cumberland County High School, Green County High School, South Oldham High School, Washington County High School, and numerous other organizations upon request. The Education Branch Manager served as the designee for the Department with The Lexington Mayor's Alliance, Scott Countians Against Drugs (S.C.A.D.), and the University of Kentucky Campus Community Coalition. Further, upon request, staff meets with various organizations, including industry and community awareness groups, city councils, and prevention entities.

Enforcement

The Enforcement Division of the Kentucky Department of Alcoholic Beverage Control also considers preventing youth access to alcohol a top priority. ABC Investigators are vested with full police powers to enforce all state laws. Investigators are strategically located throughout the Commonwealth to maximize their special emphasis on the enforcement of the state's alcohol laws on a daily basis. Enforcement conducts and engages in effective alcohol compliance enforcement strategies. One such program is Operation Zero Tolerance (OZT). OZT checks retailer compliance by enlisting 18-20 year old investigative aides who attempt to purchase alcoholic beverages at licensed premises throughout the state. OZT compliance checks are designed to ensure that licensees are not selling alcoholic beverages to minors. If a sale is made to an investigative aide during an OZT compliance check, the employee who makes the sale is cited to criminal court and an administrative citation is issued against the licensed establishment. OZT compliance checks are randomly conducted at licensed premises throughout the year. The goal of the division is to raise retailer awareness of checking IDs at the point of sale and preventing youth access to alcoholic beverages.

During the 2011 calendar year, the Division conducted 1,854 OZT checks resulting in 119 alcohol purchases and a compliance rate of 94%.

Another enforcement strategy utilized is Target Enforcement Details (TED), in which ABC works with local and state law enforcement agencies during special events where alcoholic beverages are sold in conjunction with a high concentration of minors. The Enforcement Division brings in ABC investigators from all over the state

to work these events. Investigators walk through and observe the crowd for any alcohol violations. ABC personnel frequently receives requests to assist local law enforcement with enforcing alcoholic beverage laws so that local law enforcement can focus on traffic control, securing the perimeter, and other general law enforcement duties. As the only law enforcement agency in the Commonwealth that specifically enforces alcoholic beverage laws, the Enforcement Division is duty-bound to commit personnel and resources to these special events. It is an important part of ABC's mission in combating underage drinking.

During the 2011 calendar year, the Division conducted 40 TED events resulting in 523 citations, 401 of those citations were for Minor in Possession of Alcoholic Beverages.

In addition to OZT and TEDs, the Enforcement Division conducts Cops-In-Shops details. The Cops-In-Shops program is targeted at deterring minors from obtaining alcoholic beverages at the point of sale. During Cops-In-Shops details, Investigators work alongside local law enforcement personnel and pose as employees or customers at a specific retail location. When an underage person purchases or attempts to purchase alcoholic beverages, they are cited to district. During 2011, the division reported working at 21 retail locations with a total of 137 citations issued. Thirty-four (34) of the citations were minor in possession.

A fourth prevention initiative is conducted through tobacco sales compliance checks at Kentucky retail establishments. As with OZT, Investigators employ 15-17 year old aides who attempt to purchase tobacco products at retail outlets. These checks are designed to ensure retailers are not selling tobacco products to minors.

During the 2011 calendar year, the division conducted 3280 tobacco checks resulting in 120 underage tobacco purchases for a 96% compliance rate.

Another part of the tobacco prevention initiative is the Federal Synar Survey. This survey assesses retailer compliance regarding the sale of tobacco products. The goal of the survey is to maintain a high rate of compliance through education and prevention efforts and the data collected during the survey shows the success of those ongoing efforts. The Synar survey is part of the Substance Abuse Prevention and Treatment Block Grant. If compliance rate falls below 80%, the funds can be decreased by up to 40%. The grant gives support to public health initiatives, prevention measures and educational programs for substance abuse. The Synar compliance checks are conducted during the summer when youth are not in school. Investigators are assigned to perform inspections at randomly selected retail outlets through the research firm, REACH of Louisville, Inc.

During the inspection, two Investigators enter a retail outlet. After safety is determined by the Investigators, the teen investigative aide enters and attempts to purchase tobacco products. If the employee and/or retailer sell tobacco products to the investigative aide, an ABC Investigator will issue an administrative citation to the suspected violator for the violation of KRS 438.310. The Investigator will seize the

tobacco product from the investigative aide and process it as evidence until a hearing is held and/or the case is resolved. If no sale is made to the investigative aide, the investigative aide and the Investigators leave and proceed to the next assigned inspection. The management of each retail outlet is later notified of the results (compliance/non-compliance) of the inspection.

In 2011, Investigators of the Division conducted 250 (Synar) tobacco checks resulting in 11 violations and a compliance rate of 95.6%.

Also in 2011, ABC was awarded a contract by the Food and Drug Administration (FDA) to enforce provisions of the Family Smoking Prevention and Tobacco Control Act of 2009. Under the law, tobacco retailers will be inspected to ensure they are complying with new marketing and sales standards.

●American Cancer Society (no 2012 report submitted))

The American Cancer Society is a voluntary health organization dedicated to eliminating cancer death and suffering through research, education, advocacy and patient support services. Lung cancer is the leading cause of cancer-related death in both men and women in Kentucky with nearly 3,500 people dying this year alone. With smoking linked directly to lung cancer, the American Cancer Society works to impact this most preventable cause of death in our society.

In association with key partners, the American Cancer Society works to change state and federal policies to decrease the numbers of tobacco related deaths. Some of the most effective tactics advocated for include an increase in state tobacco taxes to reduce youth smoking and smoke-free local laws to protect all workers from the dangers of secondhand smoke.

The American Cancer Society also works to enact comprehensive tobacco control policies and cessation programs including education efforts to help people kick the tobacco habit and support services, like the Quit Line. For those diagnosed with cancer after smoking, the organization offers an array of patient support services so cancer patients can cope with the disease and its treatment.

●American Heart Association)

The American Heart Association is a voluntary health organization dedicated to reducing death and disability due to heart disease and stroke. Because tobacco use is one of the major risk factors for heart disease and stroke, preventing and reducing tobacco use among children and adults is one of the association's top priorities. Our efforts in this area primarily take the form of advocacy initiatives to promote policy and environmental changes that will have a positive impact on tobacco use and initiation.

The American Heart Association works with the American Lung Association, the American Cancer Society, the Campaign for Tobacco Free Kids and other key

partners on all tobacco related advocacy activities. Policy initiatives are based on best practices guidelines for comprehensive tobacco prevention and cessation programs.

Our current focus is on advocating for passage of a statewide comprehensive smoke-free law that would prohibit smoking indoors in public places and workplaces, while continuing support for local smoke-free campaigns. 35 Kentucky communities have enacted smoke-free ordinances or regulations at the local level. As a result approximately 34% of Kentuckians live in an area covered by a strong local law. The American Heart Association believes that all Kentuckians have the right to breathe clean air and we hope that Kentucky will become the 25th state to pass a strong law.

Public awareness and education regarding the health hazards of tobacco use is integrated into the association's program activities as well. This includes Get With the Guidelines, the organization's premier hospital based quality improvement program and Go Red for Women, our national movement that empowers women to prevent heart disease and lead healthy lives.

●American Lung Association)

The American Lung Association is dedicated to preventing lung disease and promoting lung health. Founded in 1904 to fight Tuberculosis, the American Lung Association is America's oldest nonprofit voluntary health organization. The American Lung Association carries out its mission using three basic strategies: education, advocacy and research. Considering that tobacco use is the most preventable cause of lung disease in our culture, the American Lung Association works closely with key partners to change local, state and federal policies to decrease the numbers of tobacco related deaths.

The American Lung Association's policy goals in this area are based on best practice guidelines for comprehensive tobacco prevention and cessation programs and primarily take the form of advocacy and educational tobacco cessation programs.

The American Lung Association continues to support policy changes that can result in lowering tobacco utilization and preventing people, including youth, from starting smoking. The American Lung Association supported increasing the tobacco tax in Kentucky in past years and notes that Kentucky is still way below the national average cigarette tax rate. Raising the cigarette tax has resulted in an increase in the demand for cessation services and has decreased the overall smoking rate in Kentucky.

ALA continues to support smoke-free laws in local communities throughout Kentucky. Kentucky now has 22 communities that have passed comprehensive smoke-free laws and 4 others with less strong smoke-free laws. We are a part of the Smoke-free Kentucky Coalition which is working for a statewide smoke-free law.

The American Lung Association also offers: public education about the consequences of tobacco use; a free call center to answer questions regarding lung health and provide counseling on quitting smoking; assistance to a network of support groups around the state for people and their families who are dealing with chronic lung disease. Finally, the American Lung Association offers a variety of school based programs for youth and continuing education opportunities for health care professionals to ensure the most up to date information is available on lung health issues.

●REACH of Louisville (no 2012 report submitted)

Founded in 1987, REACH of Louisville is an organization committed to person-centered, family-friendly, community-based, and integrated services. Program offerings include therapeutic foster care, adult foster care, family support, program planning and evaluation, software application development, statistical and geographic analysis, community planning, and program-oriented consultation. In the area of program evaluation and research, REACH consults with non-profit, for-profit, philanthropic, and governmental entities in support of efforts to improve services and bring about organizational and community change.

REACH has extensive experience in the field of substance abuse prevention. REACH works closely with the Kentucky Division of Behavioral Health in ongoing efforts to improve planning and evaluation efforts that strengthen substance abuse prevention activities throughout Kentucky. Through the Partnership, REACH has developed data resources to facilitate needs assessment, planning, and evaluation activities, at both the state and community levels. REACH also played a key role in the planning and evaluation of the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) project; a multi-million dollar substance abuse prevention initiative. REACH was responsible for assessing the overall effectiveness of the SPF initiative, providing recommendations for “course corrections” and needed adjustments as the project unfolded, identifying successful practices, and promoting their sustainability. REACH administers the statewide KIP (Kentucky Incentives for Prevention) survey, involving over 100,000 students; and provides staff support to the State Epidemiological Workgroup (SEOW) for substance abuse prevention.

●Kentucky Family Resource Youth Services Coalition (FRYSCKy)

The FRYSCKy Coalition was established as a professional organization to enhance and promote the work of the Kentucky Family Resource and Youth Services Centers. The FRYSCKy Coalition promotes a network, including educators, family support practitioners and other human service providers, who strive to remove educational barriers to learning, in order to learn from each other, share resources and collaborate more effectively on behalf of families, children and youth.

The Kentucky Family Resource and Youth Services Centers were established as a component of the historic Kentucky Education Reform Act (KERA) of 1990. The

mission of these school-based centers is to help academically at-risk students succeed in school by helping to minimize or eliminate noncognitive barriers to learning.

These partnerships are critical in efforts on behalf of students to promote:

- early learning and successful transition to school;
- academic achievement and well-being; and
- graduation and transition into adult life.

Each center offers a unique blend of programs and services to serve the special needs of their students and families. Family Resource Centers address the needs of the elementary school population while the Youth Service Centers assists with Middle and High School students and families. Substance Abuse Prevention and Counseling is a **mandated** core component in the Youth Services Centers and is addressed by the Health Services and Referrals mandated component in many of the Family Resource Centers. FRYSC prevention efforts consist of campaigns, presentations, assemblies, Red Ribbon Week activities, Kick Butts Campaigns, student clubs, and brochures. Many of these programs are provided on an on-going basis.

The FRYSCKy Coalition and the Division of FRYSC assists with statewide prevention efforts through the professional trainings provided to center coordinators. Information gleaned from these trainings is disseminated throughout the state through the 800+ Family Resource and Youth Service Centers. Coordinators are also representatives on many local community agency boards. As an FRYSCKy Coalition representative on the KY ASAP board I have reported prevention efforts and initiatives to both the FRYSCKy Coalition and at the local FRYSC regional meeting. I have also met with and reviewed the plans of the local GMH ASAP Board in Hardin County and have plans to meet with the Grayson and Meade County boards in the near future.

•Kentucky Association of Regional Mental Health Mental Retardation Program (KARP) (no report submitted for 2012)

The Statewide Network of Community Mental Health Centers (CMHCs) was completed in 1966-1967 It was established in Statute KRS 210:370 - 485. In 2008 at CMHCs:

- 169,793 Kentuckians were served
- 10,776 Substance Abuse Services in 2008 down from the 11,158 Substance Abuse Clients served in 2007
- 3.5% reduction in clients served reflecting the decline in funding and not a decline in demand
- LRC Program Review Report reported that services grew at a rate of 28%, clients grew at a rate of 17% while funding grew only 9%
- 312 Citizens served on CMHC Boards

- 9,356 Kentuckians were employed by CMHCs, (1 in 200 employed Kentuckians)
- CMHCs employ more people than the following Top Kentucky Manufacturing Employers; (7,000) Toyota Ky., (5,100) Ford Motor Co., (5,000) GE (4,606) Humana Inc.
- The Cost of Doing Business and funding cuts have resulted in the following management strategies which have been employed to maximize dwindling resources:
 - Maximizing Caseloads
 - Consolidating Service Sites
 - Increasing Waiting Times for Clients between Appointments
 - Developing Electronic Medical Records
 - Utilizing Tele-video in lieu of Specialty Staff on Site
 - Increasing Staff Productivity & Efficiency while Keeping Salaries Constant
 - Managing Health Insurance Benefits
 - Increase in wait times for initial & follow-up appointments
 - Reductions in locations of service sites
 - Layoffs of staff
 - Not filling open staff positions
 - Restricted access to some services
 - Increased use of group therapy, rather than individual sessions
 - CMHC Substance abuse and behavioral health services will further decline without achieving these KARP Legislative Priorities.
 - Make Behavioral Health a PRIORITY
 - Follow the HB 843 Commission Recommendation (June 2001) to move KY from rank of 44th to 25th in funding \$75M in the Biennium
 - FY '09 \$25M
 - FY '10 \$25M and \$25M Continuation
 - Thereafter, seek ongoing funding to match the rate of growth in individuals served

KY-ASAP: Partnership for a Drug-Free Kentucky

Beginning January 2008 the Kentucky Office of Drug Control Policy (ODCP) became an Affiliate/Alliance member with the Partnership for a Drug-Free America.

The Office of Drug Control Policy in collaboration with the Partnership for a Drug-Free America continues its statewide PSA campaign to bring professionally produced localized media messages to supportive media partners in a sustained effort to reduce the incidence of substance abuse in the Commonwealth. Our collaboration with the Partnership for a Drug-Free America continues to bring over \$6 million in professionally produced PSAs to Kentucky each year.

The tremendous benefits that we receive from the Partnership allow us to counter any and all negative messages with positive prevention strategies. This is an excellent opportunity for a positive story on another initiative KY-ASAP & the ODCP is doing to support the reduction of youth & adult substance use.

Addiction is the single greatest preventable illness in the country, and like other diseases, it affects not just the person with the illness but also family and friends. Ninety percent of addictions get started in their teenage years. Parents are more pressed for time than ever, and in addition to finding the time to talk with their children about the health risks of drugs and alcohol, they tell us they need new information, tools, support and help on what to say and do.

Because our mission is to serve as a leader and catalyst for improving the health and safety of all Kentuckians by promoting strategic approaches and collaboration to reduce drug use and related crime this is a perfect opportunity for the ODCP/KY-ASAP to collaborate and be apart of such an important and proactive issue.

The PSA's are powerful prevention messages that have gotten excellent media coverage this past year and have been an excellent opportunity for a positive story on another initiative the ODCP is doing to reduce substance abuse.

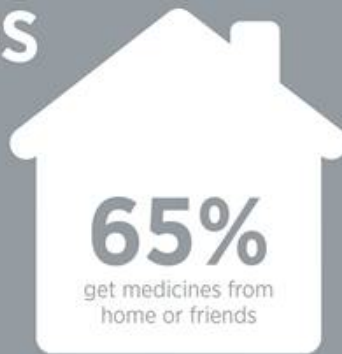
Parents and children are inundated with media messages about drug use and abuse among celebrities and major sports figures. The benefits we receive from these PSA's allowed ODCP to counter those negative messages with positive prevention messages.

ODCP/KY-ASAP continues to take advantage of the many collaborative opportunities and outreach responsibilities it has to share our mission regarding prevention, treatment, and law enforcement. It is necessary for us to be able to disseminate that information statewide.

ODCP has also collaborated with the local KY-ASAP boards across the Commonwealth to assist us in the distribution of the powerful PSA's to insure the message is disseminated across Kentucky.

TWO-THIRDS OF TEENS

who abuse
pain relievers say
they get them from
family members
and friends.



Parents of teens who
think it's easy to get
Rx medicine from:

30%
from someone else



31%
from school



Share this to help #EndMedicineAbuse.

Published by The Partnership at Drugfree.org. Visit MedicineAbuseProject.org for more details.

One
person
dies
every
19 MINUTES
from drug overdose
in the United States
and this increasing trend
is driven by Rx painkillers.

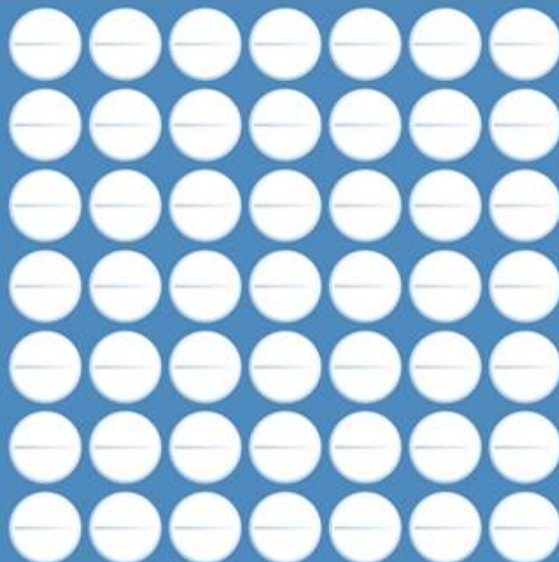


Opioid pain relievers are
responsible for more
overdose deaths than
cocaine and heroin
combined.



Share this to help #EndMedicineAbuse.

Published by The Partnership at Drugfree.org. Visit MedicineAbuseProject.org for more details.



More Americans die from
**DRUG
OVERDOSES**
than in car crashes
and this increasing trend
is driven by Rx painkillers.



Share this to help #EndMedicineAbuse.

Published by The Partnership at Drugfree.org. Visit MedicineAbuseProject.org for more details.

Community Change for Community Health

Community Change for Community Health

Regional Health Forums

Unite CTG-Kentucky Team is sponsoring five regional health forums. These meetings will provide regional information to promote community change for community health. Everyone is invited to attend and participate.

Locations:

Burlington, Boone County Library – Main Branch, Room A EST	September 11 th 5:00-7:30pm
Paducah, Lourdes Hospital Borders Conference Room CST	September 13 th 11:00-1:30pm
Bowling Green, Chaney's Dairy Barn CST	September 13 th 5:00-7:30pm
Manchester, ECU – Manchester Campus, KY Room EST	September 18 th 5:00-7:30pm
Morehead, MSU – ADUC Commonwealth Room EST	September 20 th 5:00-7:30pm

Agenda:

Overview of Unite CTG-Kentucky
Kentucky's Chronic Disease Burden/Coordinated State Plan
Community Input/Feedback

Please RSVP to Liz Herndon at lherndon@centertech.com by August 31st

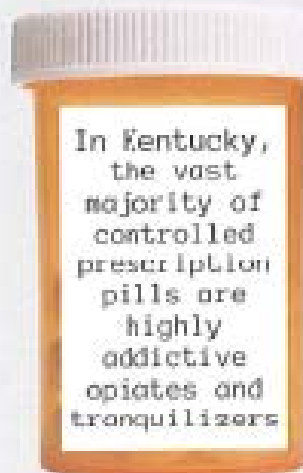
Boxed Meals Provided

(State location and any dietary restrictions with your RSVP)

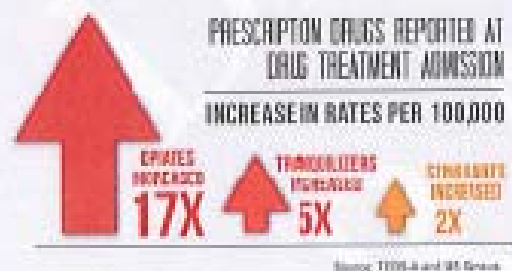


PRESCRIPTION DRUGS A KENTUCKY EPIDEMIC

A rampant prescription drug culture has overtaken Kentucky over the past 15 years. Increased availability of prescription drugs in Kentucky promotes sharing among friends and family, improper storage and disposal, doctor shopping, and lax prescribing standards. In Kentucky, the most commonly abused prescription drugs are controlled substances from Schedules II-IV including Opiates, Tranquilizers, and Stimulants.



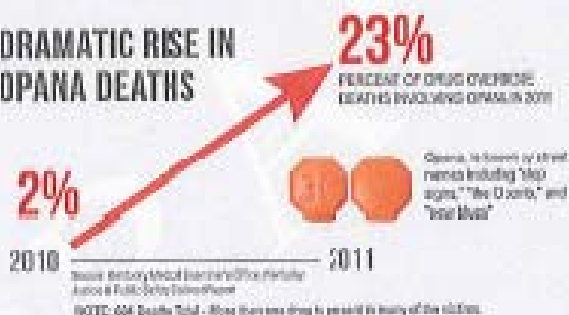
TOP TEN PRESCRIPTION PILLS, 2011



Rates of prescription drugs reported at drug treatment admission increased for opiates, tranquilizers, and stimulants from 1997-2009

Oxycodone, the active ingredient in Opana has become one of the most common drugs found in the blood of overdose victims in Kentucky

DRAMATIC RISE IN OPANA DEATHS



This is a collaborative product of the Kentucky State Epidemiological Outcomes Workgroup (SEOW), the Kentucky Office of Drug Control Policy (KODCP), and the Division of Behavioral Health within the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KDBHD). Research and Design by REACH Evaluation.

House Bill 1

Governor Steve Beshear signed House Bill 1 on Tuesday, April 24, 2012, calling it a "critical" bill for the health and safety of Kentuckians.

Kentucky is regarded as the epi-center of the epidemic of prescription pill abuse

The governor expanded Kentucky's prescription monitoring system and instated a new requirement that any new pain medication clinic must be owned by a licensed medical practitioner. Existing clinics will be under close watch.

The pill mill bill closes a hole in the current system by requiring all doctors and prescribers to register with the system. Full participation will curb patients from receiving prescriptions from multiple doctors.

Included is a copy of House Bill 1 passed by the 2012 Kentucky General Assembly.

KASPER BILL (HB1) OUTLINE

“Pain Management Facilities” must be owned by a physician holding an active Kentucky medical license. Any facility primarily devoted to treating pain (or advertising for pain management) is covered. A physician specially trained in pain management is required to be on premises at least 50% of the time patients are present. (Exceptions are made for hospitals, schools, Hospice, and others.) Existing facilities are permitted to continue, so long as no infractions are committed.

Pain Management Facilities must accept private health insurance as an allowable form of payment. This eliminates fly-by-night storefront operations that only accept cash, and are not able to process ordinary health insurance claims.

CHFS and KBML share enforcement authority. CHFS enforces the above requirements for facilities it licenses, KBML enforces the law for private doctors offices.

Kentucky State Police, Office of the Attorney General, CHFS, and Licensing Boards to share reports of improper prescribing. To ensure that all appropriate enforcement authorities are aware of drug diversion complaints, the Kentucky State Police, the Attorney General, CHFS, and the licensing boards will share reports within 3 days of illegal or inappropriate actions, to the extent allowed by existing law.

Commonwealth’s and County Attorneys to report indictments. Local prosecutors shall report to the Attorney General within 3 days any indictment of a medical professional for a felony drug offense.

Licensing Boards are required to issue regulations to protect patients, including:

- 1. Mandatory prescribing and dispensing standards;**
- 2. Limitations on “in office” dispensing (to combat Florida style “pill mills”);**
- 3. Emergency license suspension procedures when public health is endangered;**
- 4. Commencement of complaint investigation within 7 days, production of a charging decision within 120 days;**
- 5. No licensing of practitioners convicted of drug felonies;**
- 6. Mirroring of sanctions imposed by other states;**
- 7. Mandatory reporting of criminal or disciplinary actions by medical professionals;**
- 8. Participation in the National Practitioner Data Bank;**

9. Continuing medical education on addiction and pain management.

Addiction and pain specialists required to consult with licensing boards. Concern is growing that the failure of the licensing boards to effectively combat drug addiction is due to a lack of expertise and knowledge. This provision mandates consultation with experts.

Boards to accept unsworn complaints. Currently, the KBML requires complaints to be sworn and notarized. This provision deletes this requirement. Anonymous complaints may be reviewed at the licensing board's discretion, if sufficient information is provided to support an investigation.

Doctors and nurses must check KASPER prior to dispensing Schedule II or III drugs. Safety measures are required prior to dispensing the most abused controlled substances, including checking KASPER reports, taking a full medical history, conducting a physical exam, discussing the risk of drug tolerance, and periodic reviews of each patient's individual circumstances. These safeguards are drawn from recent laws passed in Ohio and Florida, as well as recommendations from the KBML. Exceptions are made for emergency services, hospice care, and other limited cases.

CHFS may contract for the design, upgrade or operation of KASPER.

Commonwealth's and County Attorneys authorized to request KASPER reports. Access by law enforcement officials to KASPER reports is broadened to include prosecutors who are engaged in drug investigations. This change was specifically requested by prosecutors in testimony before the Judiciary Committee.

Medical professionals may direct employees to access KASPER. As requested by KBML, medical practitioners may specifically authorize office staff to access KASPER records for subsequent review by the practitioner.

Medical professionals may access KASPER reports showing their own prescribing practices.

Medicaid Services to monitor and report improper prescribing practices. The problem of tax dollars being misused to support drug diversion is addressed by requiring Medicaid Services to promptly report improper prescribing practices by medical professionals seeking Medicaid reimbursement, and to report suspected improper drug seeking by Medicaid recipients.

Practitioners protected in using KASPER. Good faith use of KASPER reports is protected. Existing law providing felony sanctions is eliminated.

Medical professionals may place KASPER reports in patient's records. KASPER reports may now be included in the treatment records of patients, as requested by medical professionals.

Real Time Reporting funding requests authorized. CHFS is authorized to seek funding from the United States Department of Justice to create and maintain a real time reporting upgrade to the KASPER system.

Error correction to be permitted. CHFS shall promulgate regulations to allow a patient to correct any misinformation in the KASPER report.

CHFS to "proactively" use KASPER data. This proactive use shall include investigations, research and educational uses.

CHFS, Licensing Boards, and ODCP to generate public Trend Reports. CHFS may share the data underlying trend reports with requesting Licensing Boards.

Hospitals may request KASPER reports on employees. CHFS may initiate any needed investigation, and may request hospital assistance.

CHFS may join other states in sharing prescription data. This protects against interstate doctor shopping.

Coroners to test for drugs and report; Name and address of decedent not reported. Coroners are directed to test for controlled substances in appropriate cases, and report drug overdose deaths to the State Registrar of Vital Statistics and KSP. The Office of Drug Control Policy will assist in the compiling of an annual report of drug related deaths.

ODCP and the State Medical Examiner shall publish findings relating to drug overdoses. This will enable, for the first time, a more accurate count of the deaths caused by prescription drug abuse. Personal identifying information will be kept confidential.

Governor shall select Licensing Board members to ensure broad range of knowledge and talent. The Governor "may" select appointees from a short list provided by the Kentucky Medical Association, but the overriding requirement is that "different specialties from a broad cross section of the medical profession" are represented.

Pharmacies discovering robbery or theft must report. Full information regarding such incidents must be provided to law enforcement.

Model Interstate Compact on Prescription Monitoring Programs is adopted.

Legislative oversight is provided for. A House Bill 1 Implementation Oversight Committee consisting of 3 Representatives and 3 Senators is authorized.

Controlled Substances in Kentucky
An Evaluation of the Effect of House Bill 1
October 15, 2012

Number of Hydrocodone Doses Dispensed

Month	2011	2012	Change
June	19,899,058	19,692,643	-1.0%
July	19,312,170	19,666,232	+1.8%
August	20,902,532	19,341,008	-7.5%
September	19,966,054	16,688,726	-16.4%

Number of Oxycodone Doses Dispensed

Month	2011	2012	Change
June	7,201,825	7,099,495	-1.4%
July	6,993,555	7,203,589	+3.0%
August	7,598,985	7,118,746	-6.3%
September	7,390,561	6,216,911	-15.9%

Number of Oxymorphone Doses Dispensed

Month	2011	2012	Change
June	155,129	107,329	-30.8%
July	153,658	104,931	-31.7%
August	167,404	103,776	-38.0%
September	165,562	89,641	-45.9%

Number of Alprazolam Doses Dispensed

Month	2011	2012	Change
June	6,068,884	5,611,089	-7.5%
July	5,928,032	5,754,254	-2.9%
August	6,388,435	5,803,493	-9.2%
September	6,152,132	4,985,194	-19.0%

Number of Methylphenidate Doses Dispensed

Month	2011	2012	Change
June	774,677	821,947	+6.1%
July	735,202	824,877	+12.2%
August	899,152	983,528	+9.4%
September	868,019	890,108	+2.5%

Total All C-II through C-V Controlled Substance Doses Dispensed

Month	2011	2012	Change
June	61,133,741	58,903,140	-3.6%
July	58,371,338	59,247,940	+1.5%
August	63,616,887	59,873,246	-5.9%
September	61,822,933	52,509,710	-15.1%

Treatment

– Recovery Kentucky

Recovery Kentucky was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. There are ten Recovery Kentucky centers across the Commonwealth. They are in Campbellsville, Erlanger, Florence, Harlan, Henderson, Hopkinsville, Morehead, Owensboro, Paducah, and Richmond. These centers provide housing and recovery services for up to 1,000 Kentuckians simultaneously across the state.

These recovery centers were designed to reduce the state's drug problem and resolve some of the state's homeless issues. They help people recover from addiction and help them gain control of their lives to eventually reside in permanent housing.

As supportive housing projects, each center uses a recovery program model that includes peer support, daily living skills classes, job responsibilities, and establishes new behaviors.

This type of supportive housing and recovery program is proven to help people who face the most complex challenges to live more stable, productive lives. It has been demonstrated successfully by both the Hope Center in Lexington and The Healing Place in Louisville, which were models for the program, and was named "A Model That Works" by the U.S. Department of Health and Human Services.

Without a stable place to live and a support system to help them address their underlying problems, most homeless people who also suffer from substance abuse and addiction bounce around between shelters, public hospitals, prisons, psychiatric institutions, and detoxification centers. Recovery Kentucky was designed to save Kentuckians millions in tax dollars that would have been spent on emergency room visits and jail costs.

Recovery Kentucky is a joint effort by the Department for Local Government (DLG), the Department of Corrections, and Kentucky Housing Corporation (KHC). These agencies developed a financial plan that has provided construction and operational financing, including a \$2.5 million annual allocation of Low Income Housing Tax Credits from KHC, which will generate a total equity investment of approximately \$20 million for construction costs. Operational funding includes approximately \$4 million from DLG's

Community Development Block Grant program and approximately \$3 million from the Department of Corrections.

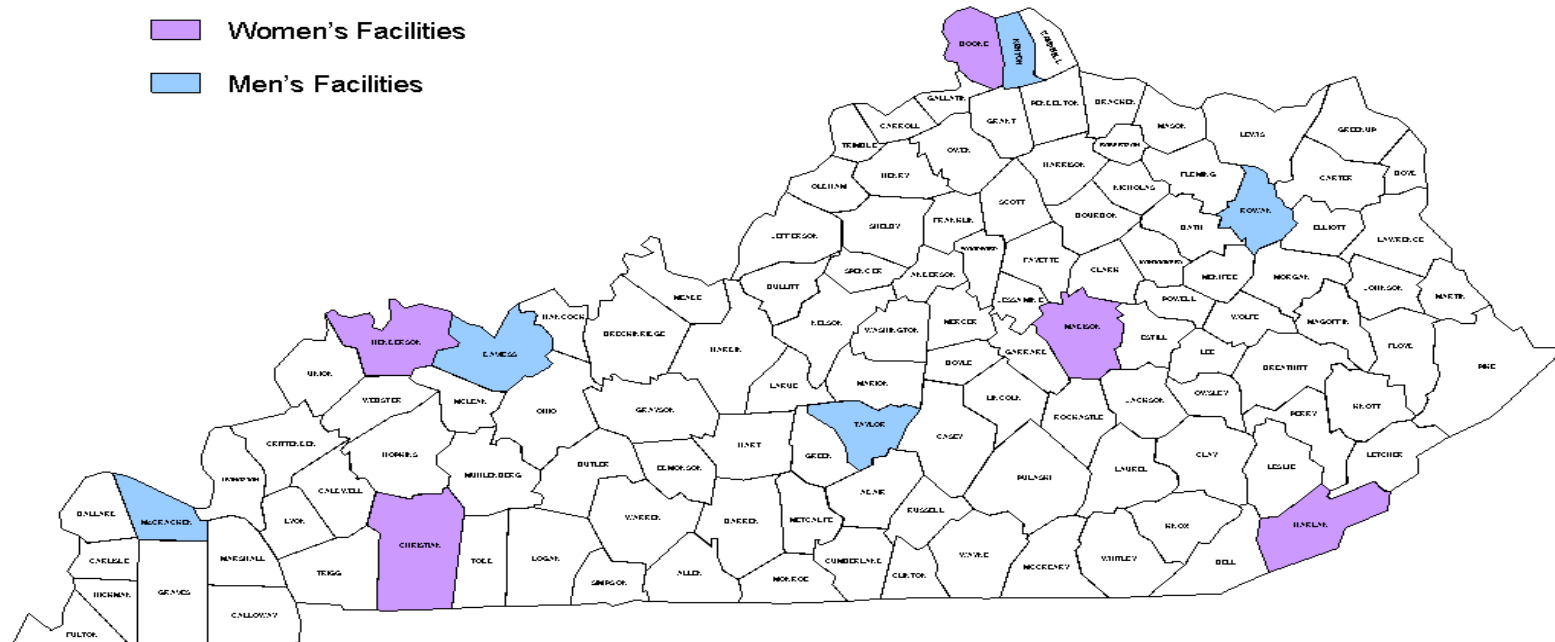
The local governments and communities at each Recovery Kentucky center location have also contributed greatly in making these centers a reality.

The Recovery Kentucky Task Force was created in 2008 to ensure the continued effectiveness and financial success of this initiative. The Recovery Kentucky Task Force continues to be a positive force in forwarding this important program.

Recovery Kentucky facilities are based on the recovery model developed in Kentucky by The Healing Place in Louisville. This model is based on concepts of mutual help – one addict helping another addict to find a path to recovery. These programs combine the opportunity of housing and safety to homeless while addressing the most common cause of homelessness which is drug and alcohol addiction. The Healing Place is a nationally recognized model which has been replicated in several other areas including the Hope Center in Lexington. These programs are effective, cost efficient and inclusive for nearly all who request their services.

In 2004, the Office of Drug Control Policy was allocated funding to develop substance abuse recovery programs in local jails across the Commonwealth. Nine programs were funding as pilots in the initial round of funding. In the 2008 General Assembly, funding was appropriated to the Department of Corrections to provide residential services in the existing sixteen jail sites. The Department of Corrections is currently providing residential substance abuse recovery services to state inmates housed in selected county jails.

Recovery Kentucky



James A. Lake—Office of Migration and Policy

Governor Steve Beshear's Communications Office

Gov. Beshear Signs Emergency Regulations Making Synthetic Cannabinoids Schedule 1 Substance

Press release date: Tuesday, December 18, 2012

Contact Information: Kerri Richardson/Terry Sebastian 502.3564.2611

FRANKFORT, KY – Governor Steve Beshear today signed emergency regulations to place newly identified synthetic cannabinoids under Schedule 1 of the Kentucky Controlled Substances Act.

The action represents the first time synthetic substances have been banned by administrative regulation instead of by statute, a change allowed by the passage of House Bill 481 in the 2012 session.

“This measure lets us keep pace with backyard chemists who try to skirt the law by manipulating the formulas of dangerous substances,” Gov. Beshear said. “And it gives us the tools to respond to threats as soon as they are identified.”

Sponsored by Rep. John Tilley, of Hopkinsville, the law broadened the scope of banned substances to include entire classes of synthetic drugs, not just compounds. That change addressed the problem of manufacturers slightly altering the formula of a banned drug to get around laws outlawing a specific substance. And allowing these classes to be identified by regulation instead of state law lets counties and law enforcement respond promptly to new drugs.

“When the General Assembly began tackling the growing epidemic of synthetic drugs, it became clear that we needed a quicker mechanism to take them off the shelves before they could get a foothold in our communities,” said Rep. Tilley. “This streamlined process will save lives and give law enforcement a powerful tool no matter how this battlefield changes. I’m proud I could play a role in helping to make this possible.”

The Kentucky Office of Drug Control Policy, in collaboration with the Kentucky State Police Crime Lab, identified new synthetic cannabinoids that were not listed in statute as Schedule 1 substances, and requested the Cabinet for Health and Family Services to use its authority to classify the chemicals as Schedule 1 substances.

Also under the law, drug forfeiture laws that apply to other illegal substances could be used to prosecute people who sell synthetics. Retailers could be fined twice the amount of profit they made from selling the products, and those convicted of selling the drugs could lose their liquor licenses.

Because the regulations are designated as emergency, they are effective immediately.

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http://www.kypst.com/dpp/news/local_news/heroin-now-top-northern-kentucky-drug-problem1326934032732



Posted: 01/18/2012

Heroin now top Northern Kentucky drug problem

Police, courts and treatment pros seek solutions

COVINGTON, Ky. - Bill Mark has seen all kinds of drugs ruin lives in his years as Director of the Northern Kentucky Drug Strike Force.

However, he's never seen anything like what's currently impacting police, the courts and treatment facilities.

"Heroin abuse and heroin trafficking – it's the most prevalent drug-related issue that we have," Mark said Wednesday.

Experts say two-thirds of all the heroin arrests in the Commonwealth of Kentucky are occurring in Boone, Kenton and Campbell Counties.

"The heroin problem right now is worse than I've seen it in Northern Kentucky," said Kenton County Commonwealth Attorney Rob Sanders.

"We're having weekly, if not daily, overdoses that often result in deaths. We're having arrests daily for heroin possession."

Mark said heroin has replaced oxycodone as the drug of choice because it's more powerful, more addictive and costs less than oxycodone.

"Oxycodone typically costs about \$1.00 a milligram, so a 30 milligram tablet on the street will go for \$25," he said. "Someone addicted to oxycodone might be paying up to \$200 a day for pills, whereas heroin is typically less expensive and a person can satisfy the same habit for \$100."

Sanders said the majority of the drug is coming South across the Ohio River bridges.

"We do have some heroin sales on this side of the river, but most of it is coming over from Cincinnati," he said. "It's pretty much run crack cocaine out of business."

Cellphones make buying and selling heroin extremely easy, according to Mark. For example, a deal can be negotiated electronically to meet at a public parking lot off an interstate highway. The money and drugs quickly are exchanged and both parties are on their way.

"The transaction itself is very brief," he said.

It's also hard to catch the participants, who come from all walks of life.

Sanders said heroin arrests are a big burden on Kenton County courts.

"We're probably well over 100 cases a year – maybe 200 or 300 cases a year – just for simple heroin possession," he said.

That doesn't count trafficking, people driving after using the drug and causing an accident and some who use it around children or drive with children in their vehicles. And, police say the drug is driving other crimes as well.

"Most of our copper thefts and our burglaries I would say are probably caused by heroin addiction," he said. "It's spreading beyond the consumption of the drug itself."

One thing that bothers Sanders immensely is Kentucky House Bill 463, which delays prosecution as long as the offender checks into a treatment program.

"It comes as close as we can to legalizing the use of the drug," he said.

Sanders is urging the General Assembly to toughen the trafficking laws.

Prison terms of five to 10 years used to be standard for any amount of heroin sold. Now, an amount of less than two grams brings a sentence of one-to-five years.

Treatment experts see the spike in heroin use from a different perspective.

Of the 10 people currently in rehabilitation at the Awareness & Discovery Group in Newport, eight have a heroin addiction, according to Managing Director Jeff Duell.

"That means they're a slave. They're a slave to that drug," Duell said. "They can't see their way to get off of it without some sort of a bottom hit in their life and then without some sort of treatment."

An intensive outpatient treatment program runs three days a week for three hours a day and costs \$1,800.

However, many of the addicts can't pay the cost.

"We need money, somehow, for treatment opportunities for individuals," said Duell.

He added he feels the justice system, the police and the treatment community have to work together to find solutions.

Mark agreed that cooperation is essential along with public education so people know the risks involved with heroin.

Sanders said any solution won't be easy or inexpensive.

"It's just a matter of how much we're willing to spend to solve the problem," he said.

Kentucky Health News

<http://kyhealthnews.blogspot.com/search/label/heroin>

Friday, December 7, 2012

Cheaper heroin showing up in Eastern Kentucky as Crackdown on pain pills makes that trade less attractive



About 60 grams of heroin, worth about \$8,000 (AP photo)

It was only a few months ago that Northern Kentucky law enforcement officers and substance abuse clinics began expressing grave concern that heroin was fast becoming the go-to drug in their region. Today, there are signs that the drug is already moving swiftly east, into the already drug-ravaged mountains of Eastern Kentucky. The reason for the uptick in heroin use? Because pain pills aren't as available anymore.

Federal and state law enforcement have been cracking down on the prescription pain-pill drug trade for years in these parts. They've created electronic prescription-tracking systems, staked out pain management clinics and shut down a drug pipeline that starts in Florida. Some argue that last year's passage of House Bill 1 has discouraged even legitimate doctors from prescribing pain drugs. All these things make heroin usage an unintended consequence of their success, officials fear.

"There's always some type of drug to step up when another gets taken out," Dan Smoot, law enforcement director of **Operation UNITE**, which handles drug investigations in 29 Eastern Kentucky counties, told Brett Barrouquere of **The Associated Press**. "We didn't know it was going to be heroin. We knew something was going to replace pills."

Officials say the heroin is trafficked from Mexico into the U.S., where it first goes to Illinois, Michigan and Ohio. Northern Kentucky counties have been the epicenter of heroin abuse in the state, but law enforcement officials in Louisville, Lexington and Appalachian counties are reporting "a dramatic rise in the number of arrests and seizures related" to heroin. **Kentucky State Police** seized 11 doses of heroin and other opiates in 2008 in the eastern half of the state; they have seized 395 doses there so far this year.

Users are attracted to heroin's low cost compared to pain pills, Barrouquere reports. A single oxycodone pill can cost from \$80 to \$100, but heroin can cost as little as \$15 to \$20 for an amount that will produce the same level of intoxication as one pain pill for 24 hours, **Kentucky Office of Drug Control** Policy Director Van Ingram said.

Pain-Topics.org News/Research Updates

<http://updates.pain-topics.org/2012/11/pain-pills-wane-heroin-moves-in.html>

Friday, November 30, 2012

Pain Pills Wane - Heroin Moves In



Aggressive efforts in the United States to grapple with the so-called “epidemic” of prescription opioid abuse is paying off, but not as officials expected. With pain pills coming under stricter controls the door is now open for a resurgence of heroin abuse with its attendant burden of morbidity and mortality, according to news reports describing the scene in states like Kentucky. The wrath of unintended consequences is set to take a terrible toll.

A recent Associated Press (AP) report appearing in the *San Francisco Chronicle* [[November 29, 2012](#)] describes how Kentucky officials cracked down on opioid prescribers, set up an electronic system to track pills, and plugged a pipeline of pain pills coming into the state from Florida. Those efforts worked, as opioid analgesics become more difficult to obtain, whether legally or on the street, but law enforcement then made a surprising discovery — heroin, which had long ago faded into the background, was returning with a vengeance.

According to Dan Smoot — law enforcement director of Operation UNITE, which handles drug investigations in Kentucky counties where pain pill abuse had been rampant — in the news article, “There’s always some type of drug to step up when another gets taken out. We didn’t know it was going to be heroin. We knew something was going to replace pills.”

Law enforcement officials in Kentucky said the heroin, which is generally snorted or injected, is imported into the United States from Mexico and Central America. Availability and cost are prime incentives: “Where a single oxycodone pill can run from \$80 to \$100, heroin can cost as little as \$15 to \$20 for a hit that will give the user the same high for 24 hours,” said Van Ingram, executive director for the Kentucky Office of Drug Control Policy.

The AP report notes that Kentucky State Police submitted 451 suspected heroin samples to its lab in 2010 and by 2011 that number increased to 749. Through September 2012, state police had submitted 1,074 cases to the lab. “I expected to see a 50 or 60 percent increase, but not double,” Ingram observed.

Furthermore, the trend in Kentucky mirrors what the U.S. Drug Enforcement Administration is seeing nationally. While seizures of marijuana, cocaine, and

methamphetamine have either held steady or dropped in the past 3 years, heroin has soared 72% from 619 kilograms confiscated in 2009 to 1,067 kilograms seized in 2011.

Along with that, heroin-related deaths are on the rise. In 2011, Kentucky medical examiners reported that heroin and morphine [metabolized from heroin] were responsible for 121 of 684 overdose deaths statewide — an increase of 42% from 85 heroin/morphine deaths in 2010.

Meanwhile, seizures in Kentucky of pain pills — primarily oxycodone, hydromorphone, and methadone — peaked in 2010 and then declined 89% by 2012. Since the Kentucky All Schedule Prescription Electronic Reporting (KASPER) System, which tracks the number and types of controlled substances prescribed in the state, went into effect in 2005, the use of 4 common opioid analgesics — codeine, hydrocodone, oxycodone, and fentanyl — for nonmedical purposes has leveled off. This has been attributed to closer monitoring, which thwarts drug abusers who go from one doctor or clinic to another seeking prescriptions.

Clearly, the United States has serious substance abuse problems, as do many other countries. History tells us that curbing the supply or outright prohibition have little impact on the demand for mood altering substances — whether opioid analgesics, heroin, cocaine, alcohol, or any other drugs.

This is the so-called “balloon effect” — squeeze a balloon in one place and it will expand somewhere else; stem the supply of one drug and another will take its place. According to the AP news report, they knew this was going to happen in Kentucky, as has occurred everywhere else, but they apparently developed no plans to detect and deal with the looming problems.

Certainly, giving up on the problems in frustration or abjectly liberalizing the availability of controlled substances are untenable solutions. However, it is time that decision makers at all levels — federal, state, and local — come to realize that past and current strategies have not succeeded in “popping the balloon.” Drug problems are complex and multifaceted, and simplistic solutions seeking only to restrict supply will do little to reduce demand.

Furthermore, the crux of the problem is centered less on the drugs themselves than within the people who misuse and abuse them. Individuals, families, and communities need to accept responsibility for the attitudes, beliefs, and misbehaviors that galvanize drug problems in society and find new solutions that address those at the core.

Meanwhile, as we have said before — in the case of prescription opioid restrictions, rules, and regulations — legitimate patients should not have to pay a terrible tariff in pain due to the misbehaviors of a small minority of the population and the misguided, ineffective attempts at turning the tide of drug-use problems.



<http://usatoday30.usatoday.com/news/health/story/2012-08-26/kentucky-babies-addiction/57331390/1>

Posted: 08-26-2012

Kentucky sees surge in addicted infants

By Laura Ungar, The Courier-Journal

LOUISVILLE, Ky. – More than half the babies in University Hospital's neonatal intensive care unit one day this month were suffering from drug withdrawal — one sucking licorice-flavored morphine to ease his tremors and near-constant crying, another so sensitive to light and sound that he slept in a dark isolation room. They are the tiniest victims of Kentucky's prescription pill epidemic, and their numbers are soaring.

Kentucky has seen its hospitalizations for addicted newborns climb from 29 in 2000 to 730 last year. The state's 2,400% increase dwarfs by comparison a disturbing national rise of 330% found in a study that examined hospitalizations from 2000 to 2009.

"It's a silent epidemic that's going on out there," said Audrey Tayse Haynes, secretary of the Kentucky Cabinet for Health and Family Services. "You need to say: 'Stop the madness. This is too much.'"

The skyrocketing numbers reflect the enormity of Kentucky's prescription drug abuse problem, which is among the nation's worst. It kills about 1,000 Kentuckians a year and wrecks thousands more lives in a state plagued by doctor shortages, high levels of chronic pain and illness, and too little drug abuse treatment.

Van Ingram, executive director of the state [Office of Drug Control Policy](#), requested statistics on Kentucky infant hospitalizations — collected for the first time — after hearing that the state's pain pill explosion was fueling a dramatic rise in addicted newborns. He soon realized the state's epidemic is threatening to claim a second generation. "I was blown away," he said. "We need to slow the tide."

While state officials and doctors say the hospitalization statistics reflect newborns suffering withdrawal from all types of drugs, they blame prescription pills for the dramatic increase. And even as growing awareness and better diagnoses play a role in the rising numbers, they say rampant abuse is driving the rise.

Melissa Lueloff, 28, of Louisville, who gave birth to an addicted girl two years ago, said her cravings at the time for OxyContin, Opana and cocaine ruled her life even during pregnancy — "I just couldn't stop."

Neveah was born a month premature and spent five days in a neonatal intensive care unit struggling with withdrawal, constantly clenching her tiny fists and whining in pain.

A silent epidemic

Nurse Tonya Anderson, an infant development/touch therapist for neonatal nurseries at Kosair Children's Hospital, said there are times when as many as 14 of 26 babies in the special-care nursery where she works suffer from withdrawal.

"They are just agitated. They are screaming. They have tremors. Their faces — you have the grimace. They're in pain. ... Sometimes, the babies have seizures," she said. "We hate it. €1/8 It breaks my heart to see these babies go through withdrawal."

As nurses and doctors care for the newborns, state and hospital officials are trying to cope with the larger problem — convening experts, seeking grants to educate the public and creating special infant-withdrawal units in hospitals.

But there's not enough drug treatment for pregnant addicts, they say, and more needs to be done to protect the lives the addicts carry. Carla Saunders, a neonatal nurse practitioner at East Tennessee Children's Hospital in Knoxville, a pioneer in the treatment of babies withdrawing from drugs, said the public simply cannot afford to ignore this national epidemic.

A team of researchers writing in the [Journal of the American Medical Association](#) in May found that overall health care costs for addicted newborns are soaring — from \$190million in 2000 to \$720million in 2009.

Addicted babies stayed an average of 16.4 days in the hospital at a cost of \$53,400 per infant, with government-funded Medicaid paying the bill in 80% of cases.

And while little is known about long-term outcomes, evidence suggests that addicted babies may have higher rates of behavioral issues and attention deficit and hyperactivity disorder that could burden schools and the health care system for years to come, Saunders said.

"People think it's easy to ignore the substance-abuse problem," she said. "But it's your problem. You better take notice."

Rampant addiction

According to the May study in the [Journal of the American Medical Association](#), the rate of newborns suffering withdrawal in the [United States](#) rose from 1.2 hospitalizations per 1,000 hospital births in 2000 to 3.4 per 1,000 in 2009. Doctors call the condition "neonatal abstinence syndrome."

Based on their findings, researchers estimated that 13,539 newborns were born addicted in 2009 — more than one baby every hour. "We knew that it was common, but we would not expect this problem would have tripled in the last decade," said Dr. [Matthew Davis](#), an associate professor at the [University of Michigan](#) and one of the study's authors.

In Kentucky, the number of hospitalizations for addicted newborns rose from 470 in 2009 to 730 in 2011. Saunders said the number of addicted babies at her Tennessee hospital has more than tripled in the past three years.

According to the JAMA study, 60% to 80% of infants exposed to opiates in the womb develop neonatal abstinence syndrome.

While babies do not show signs of psychological addiction, they experience the physical effects of withdrawal.

By that time, the mother's drugs are out of the newborn's system, and "they're basically looking for their fix, so they have this withdrawal," said Dr. Henrietta Bada of UK.

Many cry constantly. Some suffer diarrhea, vomiting, low-grade fevers, sweating and seizures. They're extra-sensitive to noise and light and often console themselves by sucking.

At Kosair Children's recently, one newborn girl sucked frantically on an orange pacifier and squeezed her eyes tightly closed, opening them only when nurses dimmed the lights.

Bada said some born prematurely experience respiratory distress and have to be placed on ventilators. They "can get into critical condition," she said. Devlin-Phinney said doctors often use a combination of oral morphine and phenobarbital to treat addicted babies, escalating doses based on symptoms and then weaning the infants from them.

Babies with milder cases don't need medicating, doctors said, but all require comfort measures. Anderson swaddles the babies in blankets to make them feel secure, massages them gently, and rocks and cuddles them. "Sometimes," she said, "all we can do is hold them."

Keeping custody

When a woman gives birth to an addicted baby, she can face serious consequences. Criminal charges, however, are unlikely. Although women have been charged over the years with taking drugs while pregnant, a 1993 [Kentucky Supreme Court](#) ruling found that criminal child abuse doesn't extend to a woman's use of drugs while pregnant, Assistant Commonwealth's Attorney Leland Hulbert said.

But giving birth to a drug-affected baby can bring in child-protective services. Doctors and advocates said some women then go through treatment and keep their babies, but others lose custody. UK doctors said about four in 10 drug-affected babies can't go home with their mothers.

"A lot of these moms are very loving moms," said Dr. Lori Shook, a UK neonatologist. "They're just not at a point in their lives when they can take care of a baby."

Tara Glover, a family advocate for [Volunteers of America](#) whose own son was born withdrawing from drugs nearly two decades ago, said many people see addiction as a moral failing instead of a disease. "But addicts aren't bad people," she said. "They're sick people."

Lueloff said she was at one of the lowest points in her life when she gave birth to Neveah, who was placed with a foster family and then an aunt.

But after becoming pregnant again, Lueloff sought help at a house run by Volunteers of America's substance-abuse services. She wiped away tears as she recalled getting sober and giving birth to a healthy son less than a year ago, her fifth child.

"This place has changed my life," she said.

Lueloff has regained custody of Neveah, is living on her own with her children, and beginning management training for McDonald's. She said she's bonding with her daughter, who used to consider caregivers her parents.

"Now," Lueloff said, twirling her hands through her daughter's black ponytail, "she's calling me Mommy."

<http://www.lanereport.com/10785/2012/09/prescription-drug-abuse-awareness-programs>

September 13, 2012

Attorney General Kicks Off Fall Prescription Drug Abuse Awareness Program

FRANKFORT, Ky. (Sept. 13, 2012) — Attorney General Jack Conway and his Keep Kentucky Kids Safe partners are again traveling the state to warn Kentucky kids about the dangers of abusing prescription pills.

Joined by Van Ingram, the executive director of the Kentucky Office of Drug Control Policy, and concerned parent Mike Donta, Conway spoke to hundreds of students Wednesday at Marshall County's Benton Middle School about the devastating toll prescription drug abuse is having on Kentucky.



"Three people will die today in Kentucky from a prescription drug overdose," Conway said. "That's more than 1,000 deaths a year. Kentucky loses more people to overdoses than traffic accidents. We cannot afford to lose another generation to this epidemic."

Non-medical use or abuse of prescription drugs is the fastest-growing drug problem in the United States. Kentucky is the fourth most-medicated state in the country, according to an analysis by *Forbes Magazine*.

The 2010 Kentucky Incentives for Prevention (KIP) Survey found that the highest rate of prescription drug use among 10th graders was in communities in western Kentucky. The Barren River and Pennyryle regions had the highest usage among sophomores at 9.1 percent and 8.1 percent respectively, followed by 7.7 percent in the Purchase area.

"One of our biggest problems in deterring drug abuse is the use of prescription medications by students who were not prescribed the drug," said Ruthetta Buchanan, interim superintendent of Marshall County Schools. "Prescription meds are readily available in home medicine cabinets and often difficult to detect. Prescription drug abuse is no longer just a problem isolated to eastern Kentucky, but one being felt in communities here in western Kentucky and across the state."

The severity of Kentucky's prescription drug epidemic is also reflected in just released statistics on the number of babies born addicted to prescription painkillers.

"Hospitalization for addicted newborns soared from 29 in 2000 to 730 last year," said Ingram, who requested the statistics from the Kentucky Injury Prevention and Research Center. "That's a more than 2,400 percent increase. By continuing to warn students across Kentucky about the dangers of prescription drug abuse, I am confident we can stop this epidemic and protect the next generation of Kentuckians."

Conway launched Keep Kentucky Kids Safe in 2010 with the Kentucky Justice Cabinet and its Office of Drug Control Policy, Kentucky Pharmacists Association, National Association of Drug Diversion Investigators (NADDI), Operation UNITE and Dr. Karen Shay and Lynn Kissick, two mothers from Morehead, Ky., who lost their daughters to prescription drug overdoses. Shay, Kissick and Donta, of Ashland, Ky., are among a growing number of parents who are participating in the statewide initiative.

"Kids have an important choice to make," said Donta, whose son Michael died in 2010 after a long battle with prescription drug addiction. "If they choose to take prescription pills that are not prescribed to them by a doctor, there is a good chance they will end up like my son. No parent should have to endure the heartache of burying a child."

To date, the Keep Kentucky Kids Safe partners have conducted prevention assemblies in nearly two-dozen schools across the state, alerting nearly 15,000 students to the deadly consequences of prescription pill abuse.

In addition to his public awareness efforts, Conway worked closely with Gov. Steve Beshear, House Speaker Greg Stumbo and other lawmakers to win passage of landmark legislation to prevent the abuse and diversion of prescription pills in Kentucky. Earlier this week, Conway joined the governor, law enforcement and representatives from medical licensure boards to discuss the recent implementation of House Bill 1 and how it will save lives by expanding the Kentucky All Schedule Prescription Electronic Reporting system (KASPER) and cracking down on illegal pill mills.

http://news.cincinnati.com/article/20130125/NEWS0103/301250156/Education-key-combating-heroin-epidemic?gcheck=1&nclick_check=1

January 25, 2013

Education Key in Combating Heroin Epidemic

With Northern Kentucky facing an ever-growing heroin problem, local and state officials are working to educate the public in an effort to combat the epidemic.

Attorney General Jack Conway and the Kentucky Office of Drug Control Policy recently released a public service announcement to increase awareness of heroin and prescription pain pill abuse and to inform parents about the warning signs of drug abuse.

"Public awareness is a key component in our fight against the abuse of prescription drugs and other illicit substances," said Attorney General Jack Conway.

Van Ingram, executive director of the Office of Drug Control Policy, said while 30-40 years ago, the public was made aware of the dangers of heroin, younger generations haven't been exposed to that information as much, leaving many people in the dark about the growing issue facing local communities.

Ingram said heroin samples collected by the Kentucky State Police Lab have risen in the past two years, with an 80 percent increase for 2010 to 2011 and another 73 percent from 2011 to 2012.

Heroin overdose deaths have also steadily risen each of those years. "This is a fast-growing problem, so we need to get as much information as we can out there about how dangerous this drug is," Ingram said.

With studies showing that one in three Kentucky residents have a family member or close friend battling addiction, Ingram said heroin abuse is something that can happen to any family. "We can't turn a blind eye to this and say, 'That won't ever happen to my family,'" Ingram said.

Dr. Jeremy Engel, a family physician in Bellevue, has seen the reach of the heroin epidemic in his patients and their families. Engel, who spearheaded the forming of the Northern Kentucky Heroin Impact and Response Workgroup, said educating the public is a step in the right direction. "It gets people thinking about the problem, having conversations and working together as a community to address the issues," Engel said.

Engel said with more education, there is a better chance to identify someone at risk and intervene before the problem gets worse.

Lieutenant Rich Whitford with the Fort Thomas Police Department said educating parents about the warning signs of drug abuse is an important part of addressing the heroin issue.

Through his experience, Whitford said he has seen the horrible effects heroin has on adults and children that begin using.

In one case, the department interviewed a 17-year-old girl who said she would rather die than quit heroin and face the withdrawal symptoms.

Whitford said he hopes education of parents, school staff and the community as a whole will stop younger generations from getting to the point of that girl. "Most parents would do anything in the world for their children, especially if it involved a life or death situation, and that's exactly what heroin abuse is," Whitford said.

For more information about how to help a loved one who is abusing heroin, prescription drugs or another illicit substance, visit ag.ky.gov/rxabuse or odcp.ky.gov, or call 1-855-DRUGFREE (378-4373).

The public service announcement can be seen here: <http://youtu.be/leznM7P2O0g>.



<http://www.examiner.com/article/kentuckians-warned-about-rising-heroin-abuse>

January 30, 2013

Kentuckians Warned about Rising Heroin Abuse

Attorney General Jack Conway and the Kentucky Office of Drug Control Policy have jointly released a [public service announcement](#) (PSA) to increase awareness of [heroin abuse](#) among young people and to warn their parents of the signs.

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The 30-second [PSA](#) depicts a young woman in a morgue who describes how easy it has been to hide her heroin habit from her parents—that is until she becomes an overdose victim.

"This short PSA sends an important message to parents and teens across Kentucky," General Conway said. "Don't overlook the signs of heroin use. Missing prescription pills, valuables and lost appetite are all signs that your child may be abusing heroin, prescription pills or other illicit drugs. Ignoring the signs could mean a lifetime of heartache."

The PSA, produced by the Nassau County, NY District Attorney's Office, being distributed to television stations across Kentucky along with other [drug abuse](#) prevention videos, including the winning Keep Kentucky Kids Safe prescription drug abuse prevention PSA produced by members of the [Clark County High School ASAP Youth Network](#).

[Kentuckians warned about rising heroin abuse](#)[Kentuckians warned about rising heroin abuse](#)

While prescription drug abuse has risen, so too has heroin abuse. Heroin samples collected and analyzed by the Kentucky State Police lab jumped 211 percent from

2010 to 2012. The lab analyzed and confirmed 433 heroin submissions in 2010 compared to 1,349 in 2012.

"The misuse of prescription medications is often a stepping stone to the abuse of illicit drugs like Heroin," said Van Ingram, Executive Director of the Kentucky Office of Drug Control Policy. "Tamper-proof formulations of popular opioids have also contributed to a resurgence of Heroin abuse and it's cheaper and more readily available."

Kentucky is the fourth most medicated state in the country, and it has the sixth highest rate of overdose deaths. More than 1,000 Kentuckians die each year from prescription drug overdoses.

Warning Signs of Drug Abuse:

- Unexplained weight loss or gain
- Inability to sleep, fatigue
- Slowed or staggering walk
- Extreme hyperactivity
- Tremors
- Irregular heartbeat
- Needle marks of lower arm, leg or bottom of feet
- Change in overall attitude/personality
- Declining academic performance
- Sudden oversensitivity, moodiness
- Unexplained need for money

If your child is abusing heroin, prescription drugs or another illicit substance, visit <http://ag.ky.gov/rxabuse> or <http://odcp.ky.gov> to find important information and resources. Parents can also call a toll-free Helpline at 1-855-DRUGFREE (1-855-378-4373).

Combating Prescription Drug Abuse

In 2009, General Conway launched Kentucky's first and only statewide Prescription Drug Diversion Task Force to increase investigations into pill mills, overprescribing physicians, prescription drug trafficking and doctor shopping. To date, General Conway's Drug Investigations Branch and Task Force have opened more than 430 cases. The Task Force also participated in Operation Flamingo Road, the state's largest prescription drug bust that resulted in the arrests of more than 500 people.

General Conway's Office joined forces with the Kentucky Office of Drug Control Policy, concerned parents and other state and law enforcement partners in 2010 to launch the Keep Kentucky Kids Safe prescription drug abuse awareness initiative. To date, the partners have alerted more than 15,000 middle and high school students to the dangers of misusing prescription drugs.

Attorney General Conway also worked closely with Governor Beshear, House Speaker Stumbo and other lawmakers to win passage of landmark legislation in 2012 to prevent the abuse and diversion of prescription pills in the Commonwealth.

Since its implementation, 20 of the state's 43 known pain management clinics have shut down because they can't comply with the registration requirements of House Bill 1. The number of medical providers registered to use the state's prescription drug monitoring program (KASPER) has tripled, while KASPER reports have jumped from 3,000 to nearly 20,000 per day.

Additionally, prescriptions for some of the most abused or diverted drugs dropped from November 2011 to November 2012. Prescriptions for Hydrocodone and Oxycodone are down 16 percent and Opana prescriptions, linked to a growing number of overdose deaths, have dropped 48 percent.

For more information on General Conway's prescription drug diversion efforts, visit <http://ag.ky.gov/rxabuse>.

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